



Mid-Ohio Educational Service Center

890 West Fourth, Suite 100, Mansfield, OH 44906

Phone 419-774-5520

Fax 419-774-5523

Monday through Friday 8:15 a.m. – 3:45 p.m.

Fingerprints can only be taken with a current, picture ID

WEBCHECK WAIVER

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the requesting agency listed below. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to the authorized criminal record review and dissemination.

I hereby release BCI&I, Mid-Ohio Educational Service Center, and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I further understand that results of this fingerprint image and my social security number will be released to the Ohio Bureau of Criminal Identification & Investigation.

* I understand that Mid-Ohio Educational Service Center is not responsible for ensuring that a BCI&I web scan fingerprint check is acceptable to BCI&I. MOESC will make every attempt to secure good fingerprints utilizing the guidelines given by BCI&I. Should the attempt fail for whatever reason, I understand that it will become my responsibility to secure a "no record" verification for my employment.

Date: _____ Method of Payment: Bill Agency Cash Check Credit/Debit

****If Bill Agency refuses or defaults on payment, the individual below is responsible for payment**

Print Name: _____ Sign Name: _____

Your home address: _____ City: _____ State: _____ Zip: _____

Home phone#: _____ Cell phone #: _____

Have you lived in Ohio the last 5 consecutive years Yes No

Reason code for background check: BCI Code _____ FBI Code _____

Results to be sent to:

Name of agency _____ Phone #: _____

Agency address: _____ City: _____ State: _____ Zip: _____

Please send copy of results to (choose only one) Agency requesting prints My home address

Please send electronic copy to:

- Ohio Dept. of Education
- Ohio Board of Nursing
- Ohio Board of Pharmacy
- Ohio Dept. of Insurance
- Ohio Dept. of Public Safety
- Ohio Dept. of Liquor Control
- Ohio Racing Commission
- Child Care Ctr/Type A-ODJFS
- Occupation or Physical Therapy, Athletic Training
- Ohio Veterinary Medical Licensing Board
- State Speech & Hearing Professionals Board
- BMV Dealer Licensing
- BMV Deputy Registrar
- OPOTA
- Lottery Commission
- Ohio Medical Board
- Construction Board
- State Vision Professionals Bd.
- Social Work Board

Make Checks Payable to: **Mid-Ohio ESC**

- BCI \$35.00
- FBI \$40.00
- BCI/FBI \$70.00

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Witness Initial: _____