



Request for a Background Check via Electronic Fingerprinting (WebCheck)
Mercer County Educational Service Center · 540 East Market Street · Celina, OH 45822
By appointment ONLY; please call 419-586-6628 to schedule an appointment



Personal Information: (please print)

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____

City / State / Zip: _____

Phone: _____

ORC / FBI Code # 3319 291

Descriptive Reason from FBI Code Sheet: School Employees – Licensure with the Ohio Department of Education

ORC / BCI Code # _____

Descriptive Reason from BCI Code Sheet: _____

Direct Copy to (circle only one):

BMV Dealer Licensing*	Ohio Dental Board	Ohio Veterinary Medical Licensing Board
BMV Deputy Registrar*	Ohio Department of Agriculture - Hemp	Pharmacy Board
Child Care Center/Type A - ODJFS	<u>Ohio Department of Education</u>	PI/SG Ohio Department of Public Safety*
Commerce – Medical Marijuana Control Program	Ohio Department of Insurance*	Social Work Board
Construction Board	Ohio Department of Liquor Control	State Speech & Hearing Professionals Board
Lottery Commission*	Ohio Division of Real Estate & Professional Licensing	State Vision Professionals Board
Occupational / Physical Therapy, & Athletic Trainers Board	Ohio Medical Board	NONE
Ohio Board of Nursing	Ohio Racing Commission*	

***Cannot be mailed to an additional address – results will ONLY be sent to the Direct Copy Agency**

Mail to Information (where results will be mailed):

<u>Celina City Schools</u>	<u>Stefanie Davis</u>	
Company / Agency / School Name	Attention	
<u>585 East Livingston Street</u>	<u>419-586-8300</u>	
Address	Phone Number	
<u>Celina</u>	<u>OH</u>	<u>45822</u>
City	State	Zip Code

PLEASE COMPLETE THIS SECTION IN THE PRESENCE OF A MERCER COUNTY ESC STAFF MEMBER PRIOR TO SUBMITTING YOUR FINGERPRINTS:

By signing below, I certify that the personal identifiers provided on this form and the WebCheck screen are accurate. I understand that any mistakes or errors are my responsibility. *If the applicant is under the age of 18, a parent or guardian must also sign below.* I voluntarily and knowingly authorize the Mercer County Educational Service Center, as a WebCheck provider, to submit the information I provided to the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal record check for information relating to me. I also voluntarily and knowingly authorize the BCI to distribute criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, the BCI and their employees from all claims and liability related to this authorized criminal record review and distribution. This authorization and waiver is valid for one year from the date this form is signed.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Parent/Guardian's Name (minor applicants only - please print) _____

Parent/Guardian's Signature _____ Date _____

I was offered a copy of the Privacy Act Statement and the FBI Noncriminal Justice Applicant's Privacy Rights notice and I: (please initial) _____ Declined it _____ Took it with me _____

FOR OFFICE USE: (Place a ✓ on the correct line below for the service received and enter the received payment amount)

Amount Paid: _____ FBI (\$35.00): _____ BCI (\$35.00): _____ FBI & BCI (\$70.00): _____

OR School District / Company / Agency to be billed: _____

Staff Initials: _____

Revised 03/20/2024