

Walsh University

Background Check Registration

Request for a Background Check via Electronic Fingerprinting

☐ BCI~\$30.00

☐ FBI~\$35.00

☐ BCI and FBI~\$60.00

Personal Information (please print)

Social Security Number _____

Name _____ Date of Birth _____

Address _____ City _____

State/ Zip/Postal Code _____ Phone # _____

Race _____ Payment Cash or Check _____

Checks Payable to: WALSH UNIVERSITY

Reason for background check: _____

**WALSH STUDENTS DO NOT NEED TO FILL THIS IN
UNLESS IT NEEDS MAILED OFF CAMPUS**

Address for results to be mailed to:

Direct Copy to (circle only one):

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Walsh University) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate 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, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

Applicant's Name (please print) _____

Applicant's Signature (date) _____

Parent/Guardian Name (Minor Applicants only) _____

**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.**

August 14, 2013