

**SHERIFF****ERIC WEISBURN****STARK COUNTY SHERIFF'S OFFICE**Stark County Safety Building ★ 4500 Atlantic Blvd. NE ★ Canton, OH 44705-4374
Administrative Offices ★ (330) 430-3800 ★ Fax (330) 430-3844Jail Division ★ (330) 430-3668 ★ Fax (330) 451-1309
Court Services Division ★ 110 Central Plaza S., Suite 301 ★ Canton, OH 44702 ★ (330) 451-7425 ★ Fax (330) 451-7050
Dog Warden Division ★ 1801 Mahoning Rd. NE ★ Canton, OH 44705 ★ (330) 451-2343**Request for a Background Check via WebCheck**

BCI _____ FBI _____ BCI/FBI _____

Personal information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ Email address: _____

Complete this portion only if an FBI background check is needed:

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): _____

Ohio Revised Code number requiring background check: BCI _____ FBI _____

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

Where should the results of this background check be sent?**Direct copy options (CIRCLE ONLY ONE)**

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce – MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Waiver information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Stark County Sheriff's Office) to submit information to the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, Stark County Sheriffs office, BCI 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 following the signature date below.

Applicant's name (please print)

Fingerprinting Officers name (please print)

Applicant's signature

Date

Fingerprinting Officers Signature

Parent/Guardian name (minor applicants only)

Date:

Parent/Guardian signature

Date

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I understand this authorization and waiver are valid for one year from the date this background check was conducted.

_____ I have received and reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

_____ I have received and reviewed the request for Challenge and Review of Criminal History Records.

**For the status or question regarding the background check(s) please contact them at:
(855) 224-6446 or (740) 845-2000.**