

# WOOD COUNTY SHERIFF'S OFFICE

MARK WASYLYSHYN  
Sheriff



RODNEY KONRAD  
Chief Deputy

**BE ADVISED ALL FINGERPRINT RESULTS WILL BE MAILED FROM THE OHIO ATTORNEY GENERAL'S OFFICE, LONDON, OHIO. ADDITIONAL COPIES MUST BE REQUESTED FROM THEM.**

\_\_\_\_\_  
(Name: Last, First, Middle)

\_\_\_\_\_  
(Address, City, State and Zip Code)

\_\_\_\_\_  
(Social Security #)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Phone)

**TYPE OF BACKGROUND CHECK REQUESTED:**

- BCI** (OHIO) I have been an Ohio resident for the last 5 years.  
I further understand that \$32.00 is the charge for this service.
- FBI** (National) I am an out of state resident, or have not lived in Ohio for the past 5 years.  
I further understand that \$35.00 is the charge for this service.
- BCI & FBI** Needed  
I further understand that \$67.00 is the charge for this service.

- DIRECT COPY TO:** Ohio Dept of Education \_\_\_\_\_ Ohio Board of Nursing \_\_\_\_\_  
Social Work Board \_\_\_\_\_ Ohio Pharmacy Board \_\_\_\_\_  
Child Care/ODJFS \_\_\_\_\_ OTHER \_\_\_\_\_

**REASON CODE FBI:** \_\_\_\_\_ **REASON CODE BCI:** \_\_\_\_\_

**MAILED COPY TO:** \_\_\_\_\_

Address \_\_\_\_\_  
(Address, City, State and Zip Code)

*I certify that the personal identifiers on this form are accurate and I voluntarily and knowingly authorize the Wood County Sheriff's Office 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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_