Clear Form

Newburgh Heights Police Department
Request for Fingerprint Services or Civilian Background Check

Date:_____

_ _ State only WebCheck (BCI) $35.00 _ _ Both WebChecks (BCI & FBI) $70.00

_ _ Federal only WebCheck $45.00

Name: _____ _____ _____
First Middle Last

SSN _____ DOB: _____

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

Street Address:_____

City, State, Zip Code:_____

Telephone Number:_____

Email Address:_____

WebCheck: Send background check results to:

Organization:_____
(Name of State Board, Company or Organization)

Contact Person:_____

Street Address:_____

City, State, Zip Code:_____

Telephone Number:_____

Reason fingerprinted FBI_____ Reason fingerprinted BCI_____

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Bureau of Criminal Identification and Investigation 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_____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI & I, and their employees and the Village of Newburgh Heights from all claims and liability related to this authorized criminal record review and dissemination.

_____
Applicant's Name (please print)

_____
Witness Name (please print)

_____
Applicant's Signature

_____
Witness Signature

_____
Parent / Guardian Name

_____
Parent / Guardian Signature (minor applicants only)

<u>Disclaimer</u>: 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.