



University of Dayton

Department of Public Safety

This form must be completed PRIOR to your scheduled appointment.

BCI/FBI WEBCHECK APPLICATION

BCI & FBI

BCI only

FBI only

Name _____

Date of Scheduled Background Check _____

Email _____

Phone _____

University ID _____

Department requiring background check: (Select only one)

Bombeck paid worker
Bombeck student worker
College Mentors for kids
DECA
Dietetics

ECHO
Engineering
Fitz Center for Leadership
Honors
MEC

Music
Notary
Preschool Promise
RecKids
School Counseling

Mental Health Counseling
School Psychology
Social Work
SEHS
UDEMS

Other, please specify: _____

Please specify the BCI and/or FBI reason codes:

FBI reason code: _____

BCI reason code: _____

A direct copy should be sent to: (Select only one)

Child Care Center/ Type A ODJFS

Ohio Department of Education

Social Work Board

Other, please specify: _____

Address if office requires a mailed copy:

Please know that Public Safety will be unable to retrieve an electronic copy if a copy is mailed.

Payment Information:

Department Pay: Please add department FOAPAL to be charged

Self-Pay: go.udayton.edu/fingerprintpayment (Must be completed prior to scheduled background check)

CONSENT TO BACKGROUND CHECK CONDUCTED BY UNIVERSITY OF DAYTON DEPARTMENT OF PUBLIC SAFETY

Verification of Information; Authorization to Conduct Investigation and Disseminate Results

I certify that the personal identifiers provided on this form are accurate. I voluntarily and knowingly authorize this Webcheck agency (University of Dayton Department of Public Safety) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the Webcheck provider at the University of Dayton Department of Public Safety that I have designated to receive this information.

I consent to the further dissemination of the records obtained through this investigation to the agency, company, department/unit or person for which this background check is required.

Release

I voluntarily and knowingly release, agree to hold harmless and discharge the Ohio Attorney General's Office, BCI, FBI, University of Dayton (including its trustees, officers, employees, students and agents) and any party, institution, government entity, or agency contacted by them to provide the information contemplated by the background check, from all claims, causes of action, alleged liability, and/or any costs or expenses related to such claims, causes of action or alleged liability related to this authorized criminal record review and dissemination of results.

Assumption of Risk

I understand that the background investigation to which I am consenting is meant to enable the University of Dayton or a third party to assess whether I have been convicted of any violation of law that would prohibit my participation in the particular program for which I am obtaining this information. However, I understand that the background check may reveal information regarding incidents that may also impact my student and/or employment status at the University of Dayton.

If I am a University of Dayton employee, I realize that certain such information could affect the arrangements regarding my University employment, if such information is reasonably related to my employment duties (e.g., information regarding sex offenses could affect my proximity to areas on campus involving children, or information regarding theft offenses could affect my position if I hold a position of trust).

If I am a University student, I realize that certain information gathered during a background investigation, particularly if it discloses an unlawful incident as a University student, could trigger a University Code of Conduct proceeding. I further understand that the records received could contain information presumed expunged. I fully, voluntarily and knowingly accept these risks and consequences.

Term of Waiver

I understand that the waivers in this form are valid for one year from the date the background check is conducted.

By signing, I am confirming that I have looked at ALL information on the computer Webcheck screen, including my Social Security Number, and that ALL the information is correct. I realize that if I need to be re-fingerprinted because of errors on the screen, I will be responsible for payment.

Agreed to and acknowledged:

Signature: _____

Printed Name: _____

Date: _____

Note: THE DEPARTMENT OF PUBLIC SAFETY CANNOT MAKE ANY CHANGES ONCE THE WEBCHECK IS SUBMITTED. If you need to be re-fingerprinted because of any errors in the screen, you will be responsible for payment.