

Integrity Verifications, Inc.
FINGERPRINT TRANSACTION DATA FORM

DATE ____/____/____

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel No.: () _____ **How long at this address:** _____

D.O.B. ____/____/____ **S.S. #** ____/____/____

*NOTE: If you have not lived at the above address for the past five years or more,
you must list all of your addresses for the past five (5) years.*

Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **How long** _____

Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **How long** _____

DATA INFO (all of the following data info is <u>required</u> for National FBI Webcheck & Ink Rolled Prints)	
City/State of Birth: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ht. ____' ____" Wt. ____lbs. Race: _____	Gender ____ Eye Color _____ Hair Color _____

What type of business are you getting this background check for? _____

REASON CODE: BCI _____ **FBI** _____

<i>Where should the results of this background check be sent</i>	
Person/Company/Entity/State Board: _____	
Address: _____	City: _____ State: _____ Zip: _____
Tel No.: () _____	EMAIL: _____

OHIO / NATIONAL WEBCHECK WAIVER:	
I hereby certify that the personal identifiers on this form are accurate and I voluntarily and knowingly authorize this Webcheck Agency, Integrity Verifications, Inc., to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record 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 as well as the Webcheck vendor Integrity Verifications, Inc. from all claims and liability related to this authorized criminal record review and dissemination.	
I affirm that all information provided above is true and accurate. Once the information is submitted it cannot be changed. I assume the responsibility of repayment if any information is incorrect.	
This authorization and waiver are valid for one year from the date this background check was conducted.	
<input type="checkbox"/> I ACCEPT <input type="checkbox"/> I DECLINE	
Signed: _____	

FOR OFFICE USE ONLY:	
CLIENT CODE: _____	____ MT ____ DM ____ BCI ____ FBI ____ BFBI ____ ROLLED
____ Prepaid: ____ CA ____ CH ____ CC	Receipt # _____ Bill Company _____
REASON PRINTED: _____	Printed By: _____