



Columbus City Schools
 Human Resources Department Webcheck
Fingerprint Request Form

___ \$46 BCI & FBI New Employees/Parent Consultant/Overnight Volunteers
 ___ \$22 BCI Only (Daytime Volunteers) ___ \$0 BCI Only Mentor (Fee Waived)
 ___ \$30 FBI ONLY (5 year Renewal) ___ \$0 HS Vocational Students (Fee Waived)

***** ___ COPY TO ODE (Ohio Department of Education) *****

- * Any High School Student under the age of 18 must be accompanied by an adult
- * All High School Students must provide School Issued Picture ID

Position/Program _____ Work/School Location _____

Last Name _____ First Name _____ M.I. _____

Address _____ City _____

State _____ Zip _____ Sex _____ Race _____

Social Security Number _____ Date of Birth (M/D/Y) _____

Have you been an Ohio Resident for the last 5 years? Y / N _____

Other names used (Aliases) _____ Driver License # _____

Phone (____) _____ - _____ Mobile Phone (____) _____ - _____ Home

Signature _____ Date _____

I hereby certify that I have given agency (4DV181) permission to obtain all criminal information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I). By placing my Fingerprint Images in the WEBCHECK Scanner, I am authorizing the BCI&I to release criminal history information about me to the person(s)/agencies identified in this request for the period of one year from the date of this transaction. I hereby release BCI&I and any and all individual identified in this request from all liability in connection with the dissemination of such criminal history information.

Hours: Monday –Friday 8:00AM UNTIL 5:00PM

Debit/Credit Cards Or Money Orders Only (Made payable to Columbus City Schools)

Columbus Education Center, 270 E. State Street, Room 103, Columbus, OH 43215

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable to all district programs and activities.

[FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE](#)

Date Fingerprinted (M/D/Y)	Fingerprinted by:
BCI Result	Date (M/D/Y)
FBI Result	Date (M/D/Y)