



NARROW PATH
INVESTIGATIONS

WebCheck Fingerprint Authorization Form

Narrow Path Investigations

207 Portage Trail Ext W- Suite 202 –Cuyahoga Falls, OH 44223

www.narrowpathinvestigations.com

BCI
Ohio Check

FBI
Nationwide Check

FBI & BCI
Nationwide & Ohio Check

Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Email Address: _____

Please complete this box:

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

Reason for background check (be specific):

Address for results to be mailed to:

Include ORC Code: _____

Click Link for Code List: [FBI](#) - [BCI](#)

Direct Copy Options (Circle one, if applicable):

Ohio Dept of Education
Social Work Board
BMV Deputy Registrar
Ohio Board of Pharmacy
Ohio Dept of Public Safety
Child Care Center ODJFS
Ohio Dept of Insurance

Ohio Medical Board
BMV Dealer Licensing
Ohio Construction Board
OPOTA
Ohio Veterinary Medical Licensing
Board
Ohio State Racing Commission

Ohio Board of Nursing
Lottery Commission
OT, PT, Athletic Trainers Board
State Vision Professionals Board
Ohio Dept of Liquor Control
State hearing and Professionals Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & 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 from all claims and liability related to this authorized criminal record review and dissemination. Applicant's Name (please print) Applicant's Signature (date) Parent/Guardian Name Parent/Guardian Signature (Minor Applicants only) Witness Name (please print) Witness Signature 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.

Applicant Name (Print Name)

Applicant Signature Date

Witness Name (Print Name)

Witness Signature Date

Parent/Guardian Name (Print Name)

Parent/Guardian Signature Date

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.