



General Organization WebCheck® Request

Fill out this form with the appropriate information of the individuals you would like to have WebChecks® performed on. This form **MUST** be typed and the reason codes **MUST** be selected from the drop-down menus. Handwritten forms will not be accepted.

It is the requesters responsibility to inform YSU Police if the results must be sent to an outside agency electronically, via US Mail (they will come directly from Ohio BCI and can take 30-90 days), or if the department or individual would like paper copies of the results. This can **ONLY** be done at time of fingerprinting. University Police is not responsible if you select the incorrect destination. If no choice is selected, University Police will not process your Webcheck®.

If you are uncertain where the results should go or the reason codes for the Webcheck®, please contact the University Police Dept.

Once completed, take the form to the University Bursar's Office on the second floor of Meshel Hall and pay the fee for the Webcheck®. The Bursar's staff will stamp the sheet and issue you a receipt. The fees are:

- \$37 for the BCI&I Webcheck® (Ohio)
- \$28 FBI Webcheck® (National)
- \$65 for both.

Please contact the University Bursar for open cashier times. The University Bursar accepts cash, check, credit card, and money orders. The University Police Department does not accept any payments

Once payment is complete, forward the form to the University Police Dept. and inform the individuals to go to the University Police Department during any of the open Webcheck® hours. They are listed on the Univerity police Dept. website. They must be listed on the General Organization WebCheck® Request Form and have a valid government issued ID (driver's license, state ID card, or passport) and know their Social Security Number at time of fingerprinting.

Contact Person: _____

Organization: _____

Phone Number: _____

Email: _____

Date: _____

FBI Reason Fingerprinted: _____

Codes Rev 1/24

BCI Reason Fingerprinted: _____

Codes Rev 1/24

Direct Copy To: _____

Printed Copy To: _____

Mail Results To: _____

Address: _____

City, State, Zip: _____

Complete Name		Type/Cost
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

TOTAL
