



## **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&I) and the Federal Bureau of Investigation (FBI) to conduct a criminal records 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 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&I, 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.

Agreed to and acknowledged:

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_



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.

\_\_\_\_\_  
Initials

By initialing, 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.