



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

***This request form can only be used if you have submitted fingerprints in the past 12 months for working with children, working with the elderly, or certain types of licensing.**

PLEASE GIVE THE SPECIFIC REASON FINGERPRINTED OF YOUR LAST BACKGROUND CHECK: _____

NAME: _____

SSN: _____ DOB: _____

SEND BACKGROUND RESULT TO:

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

____ PLEASE CHECK IF YOU WANT YOUR RESULT SENT TO THE OHIO DEPT. OF EDUCATION FOR TEACHER CERTIFICATION.

Return this letter with your payment of \$8, payable to Treasurer, State of Ohio.

I hereby certify that I have given the above mentioned person or agency permission to obtain a copy of any conviction record pertaining to me in the files of the Ohio Bureau of Criminal Investigation.

***REQUIRED:**
APPLICANTS SIGNATURE: _____

DATE: _____ APPLICANT'S PHONE NUMBER: _____