



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

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 RESULTS SENT TO THE OHIO DEPARTMENT OF EDUCATION FOR TEACHER CERTIFICATION.

Return this letter with your **money order, certified check, or company check for \$8.00, 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 arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation.

***REQUIRED:**

APPLICANT'S SIGNATURE: _____ DATE: _____

PHONE NUMBER WHERE APPLICANT CAN BE REACHED: _____



Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020



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