



Mike DeWine

Ohio Attorney General

REQUEST FOR ACCESS TO OHLEG

First: _____ Middle: _____ Last: _____

SSN: _____ Date of Birth: _____

*Email: _____

*Confirmation and instructions will be sent via email. If email is unavailable, please list fax number: _____

Agency Name: _____

Agency Address: _____

Agency Phone No.: _____

Agency ORI: _____

Terms and Conditions

The undersigned is hereby requesting user access to the investigative tools within the Ohio Law Enforcement Gateway (OHLEG) established by the Attorney General of the State of Ohio. **Participation in OHLEG is voluntary.** The undersigned agrees that all information from this site is for law enforcement purposes **ONLY**. Any dissemination to the public is strictly prohibited. The **Social Security Number (SSN) is required** and used solely for the purpose of maintaining user authentication. SSNs will not be disclosed to individuals or agencies except in accordance with state and federal law, and policy of the Attorney General of the State of Ohio. Requests that are made without SSN or an authorizing signature will not be processed.

Requestor's Signature

Date

Chief, Sheriff, or Supervisor Printed Name

Chief, Sheriff, or Supervisor

Date

<p>For Office Use Only:</p> <p>Entered by: _____</p> <p>Date: _____</p>
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Ohio Law Enforcement Gateway

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