



BCI Identification Office 740-845-2212 Fax 866-239-5524 Email: LECorrectionsRequests@ohioattorneygeneral.gov

BCI CORRECTION FORM FOR CRIMINAL ARREST SUBMISSIONS

Please add/delete/modify the following arrest transmission: Date: Submitting agency:

ITN Number
DOA
DOO
Name
DOB

SSN _____

CHANGES TO BE MADE TO WHAT WAS ORIGINALLY SUBMITTED OR ON CCH:

Additional charge(s):

Delete charge(s):

Modify charge(s)/case number(s):

Other:

Demographic Information Correction(s):

Name	
DOB	SSN
Sex	Race

Submitted by:	
Phone #	
Fax #	
Email address	