



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR COPY OF BACKGROUND CHECK PROCEDURES

A request for a copy of a background check may only be submitted if the original background check was processed with a reason fingerprinted for an Ohio Revised Code that allows for copies. These reasons include working with children, working with the elderly and certain types of licensing. For a complete list of Ohio Revised Codes that allow copies, please go to *(insert new link here)*

You may only request a copy of the Ohio BCI background check. A request for a copy of a background check must include the reason for processing of the original background check, as well as the individual's name, social security number, date of birth, address to send the result, and the individual's signature, date of signature and contact telephone number.

To obtain a form that can be used for your request, please go to <http://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Business-and-Nonprofit/Background-Check-Forms> and choose Request for Copy of Ohio Background Check.

The updated Ohio background check result is valid for one year from the date of the original fingerprint submission.

If the request for copy is made within 30 days of the original background check there is no fee for processing and the request can be faxed to 740-845-2633. If the request for copy is made more than 30 days after the original background check the fee is \$8 and is payable by money order, certified check, business check or personal check to Treasurer, State of Ohio. **No cash will be accepted.** The request and payment can be mailed to: BCI, PO Box 365, London Oh 43140.

The FBI result is not permitted to be sent to any address other than the address that was requested at the time of the original background check. To obtain a new FBI result, a new FBI background check would have to be submitted.

Civilian Unit
Identification Department
Bureau of Criminal Identification &
Investigation



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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. Payment must be a money order, business check, certified check or personal check.

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: _____