



**DAVE YOST**

OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 866-750-0214

**REQUEST FOR COPY OF OHIO BACKGROUND CHECK:**

REASON FINGERPRINTED ON LAST BACKGROUND CHECK: \_\_\_\_\_

REASON FINGERPRINTED FOR THIS 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 (if required), 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: \_\_\_\_\_

Updated 01/15/2019