



**DAVE YOST**

OHIO ATTORNEY GENERAL



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

## 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 for an Ohio Revised Code reason that allows for updates and if the new background check is needed for an Ohio Revised Code reason that allows for updates. If you are unsure if you are able to request a copy, please contact the Civilian Identification Dept. toll free at 877-224-0043.

The name on the request of copy form must exactly match the name that was submitted with the prior fingerprints.

You may only request a copy of the Ohio BCI background check. The FBI result is not permitted to be sent to any address other than what 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.

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 866-750-0214.

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 must be received within 11 months of the original fingerprint submission in order to have time to process before the background check expires.

The request and payment can be mailed to: BCI, PO Box 365, London Oh 43140.

Civilian Unit  
Identification Department  
Bureau of Criminal Identification &  
Investigation

Revised 01/15/19



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## REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

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

REASON FINGERPRINTED FOR THIS BACKGROUND CHECK: \_\_\_\_\_

\*The Ohio Revised Code must be listed in both spaces above

NAME (must be the same name submitted with fingerprints):

\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SEND BACKGROUND RESULT TO:

Background Checks - 4-H - Adams County

NAME: OSU Office of Human Resources \_\_\_\_\_

STREET: 1590 N. High St., Suite 300 \_\_\_\_\_

CITY: Columbus \_\_\_\_\_

STATE: OH \_\_\_\_\_ ZIP CODE: 43201 \_\_\_\_\_

\_\_\_\_ 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 03/07/19