



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

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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:

NAME: Background Checks - 4-H Medina County

STREET: OSU Office of Human Resources, 1590 N. High Street, Suite 300

CITY: Columbus

STATE: Ohio 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