



STATE OF OHIO
 OFFICE OF THE ATTORNEY GENERAL
 JIM PETRO, ATTORNEY GENERAL

REQUEST FOR COPY OF BACKGROUND CHECK

BCI ONLY _____ FBI ONLY _____ BCI & FBI _____

PRINT OR TYPE ONLY

NAME: _____

SSN: _____ DOB: _____

PRINT OR TYPE RETURN ADDRESS

NAME: _____ OCA/AGENCY# _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: (_____) _____

 PLEASE CHECK IF YOU WANT YOUR RESULTS SENT TO THE OHIO
 DEPARTMENT OF EDUCATION FOR TEACHER CERTIFICATION.

Return this letter with your **money order, certified check, or company check for \$8.00, payable to Treasurer, State of Ohio.** *NOTE: THE FEE DOES NOT APPLY IF THIS REQUEST ACCOMPANIES THE FINGERPRINT CARD WHEN SUBMITTED FOR PROCESSING.*

Under House Bill 223, effective November 6, 1995, the letter may be photocopied by the prospective employer and retained by the applicant.

I hereby certify that I have given the above mentioned person or agency permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation.

***REQUIRED:**

APPLICANT'S SIGNATURE: _____ DATE: _____

Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
 London, OH 43140
 Telephone: (740) 845-2100
 Facsimile: (740) 845-2020



An Internationally Certified Law Enforcement Agency

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