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REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

REASON FINGERPRINTED OF YOUR LAST BACKGROUND CHECK: _____

REASON FINGERPRINTED FOR THIS BACKGROUND CHECK: _____

NAME: _____

SSN: _____ DOB: _____

SEND BACKGROUND RESULT TO:

NAME: OSU Office of Human Resources- Attn: Lucas County 4-H

STREET: 1590 N. High St., 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, 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: _____