



Check one and mail to appropriate address



Mike DeWine
Attorney General

Thomas Stickrath
Superintendent

PAYMENT ENCLOSED

(MAKE CHECKS PAYABLE TO TREASURER-STATE OF OHIO
NOTE: ONLY CERTIFIED CHECKS, BUSINESS CHECKS OR
MONEY ORDERS CAN BE ACCEPTED.)

**If payment accompanies
card, mail to:**

c/o Fiscal Section

BILL TO AGENCY

***AGENCY CODE**
*Required

**If agency is to be billed after record
check has been completed, mail to:**

c/o Civilian Background Check Unit

**Bureau of Criminal Identification
and Investigation
P.O. Box 365
London, Ohio 43140**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature

(Date)

Witness Signature

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)