



4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check.

In Franklin County, 4-H volunteers may have their background check done at:

Fast Fingerprints:

1486 Bethel Road, Columbus, OH 43220 - 877-932-2435

Please be prepared to pay: \$40.00 (Eligible for Reimbursement - See below.)

<https://www.fastfingerprints.com/Public/Electronic.aspx>

Franklin County Sheriff's Office:

410 S. High Street, Columbus, OH 43215 - 614-525-5090

Tuesdays & Thursday: 7:30am - 1:30pm

Please be prepared to pay: \$35.00 (Eligible for Reimbursement - See below.)

<https://sheriff.franklincountyohio.gov/Services/Fingerprinting>

What You Need to Get Your Ohio 4-H Background Check

1. A government issued photo ID - such as your driver's license - with your current address, and showing your date of birth.
2. Your Social Security number - Know your number? No need to bring your SS card.
3. Use **2151.86** as the reason code you are having the background check.
4. If you have not lived in Ohio for the past 5 years, you must also have a FBI report.
5. Background check results **must be sent directly to:**

**Attn: Background Checks – 4-H Franklin County
OSU Office of Human Resources
1590 N. High St., Suite 300
Columbus, OH 43201**

If the agency is not able to get a good scan of your fingerprints, please ask for an inked fingerprint card.
You will then bring the inked card to the Extension office.

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: <http://go.osu.edu/DQoffenses>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and send it, along with this form, to the Franklin County Extension Office. Complete the form below and be sure your name appears on your receipt. We will then submit a reimbursement request for you. The reimbursement check will be mailed from OSU; it may take eight to ten weeks to process.

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer Name (Print first, middle, last): _____

Volunteer Signature: _____ Date: _____

For office use only. Tape receipt to top of this form before scanning.

Date volunteer reimbursement request received at Extension Office: _____ (month / day / year)

Name & initials of OSU Extension Professional receiving request: _____ Initials: _____

Instructions for BCI if you had one in the previous 12 months:

*If you had an Ohio BCI fingerprint background check conducted within the past twelve months for a reason related to working with children, working with the elderly, or certain types of licensure, you can request Ohio BCI send a copy of that report directly to the office listed below. *****Please note 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.******

Please follow the instructions on the form found at go.osu.edu/OhioBCI and send your request and payment directly to BCI. On the request form, indicate the copy report should be mailed to:

**Attention: Background Checks - 4-H Franklin County
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201**

Please note: if you are not sure if you can request a copy of a past report, contact the BCI Civilian Identification Department toll free at 877-224-0043. Ohio BCI is unable to provide a copy of a past background check if it was for a concealed carry permit or was run with "Other" listed as the reason. If this is the case for your past background check, then you will need to go have a new check run.



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



DAVE YOST
OHIO ATTORNEY GENERAL



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

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: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

____ 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

P.O. Box 365 | London, Ohio | 43140

www.OhioAttorneyGeneral.gov

FRANKLIN COUNTY SHERIFF'S OFFICE

410 S. High, Columbus OH 43215 • 614-525-5090 • Mon. - Fri. 7:30am - 11:00am
11:30am - 1:30pm

Web Check

Type of Background Check needed:

- ☐ **BCI (State of Ohio only)** ☐ **FBI (Nationwide Check only)** ☐ **BFBI (Both Ohio & Nationwide Checks)**
\$35.00 \$35.00 \$70.00

Please Print Clearly

Last Name: _____ First Name: _____

Date of Birth : _____ SSN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Reason for Background Check: _____ Code: _____

Direct Copy (Circle only One)

BMV Dealer License*	Ohio Department of Insurance*
BMV Deputy Registrar*	Ohio Department of Liquor Control*
Child Care Center Type A ODJFS\	Ohio Department of Public Safety PI/SG*
Construction Board*	Ohio Division of Real Estate and Professional Licensing
Lottery Commission*	Ohio Medical Board
Occupational Therapy, Physical Therapy and Athletic	Ohio Veterinary Medicine License Board
Ohio Board of Nursing	OPOTA* Transaction#: _____
Ohio Board of Pharmacy	Social Worker Board
Ohio Department of Education	State Vision Professional Board
Ohio Dept of Agriculture - Hemp	State Speech & Hearing Professional Board

** Cannot be mailed to an additional address*

Mail Background Check Results to:

Company Name: _____

Address: _____ Contact (If Any): _____

City: _____ State: _____ Zip: _____ Phone Number _____

All Checks are conducted by the Ohio Bureau of Criminal Identification & Investigation, London, Ohio.

For the status or question regarding the background check(s) please contact them at (877) 224-0043 or (740) 845-2000.

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (3MU387 Franklin County Sheriffs Office) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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.

**By signing this form the applicant acknowledges that all information on this form is accurate.
Any mistakes or errors on this form are the responsibility of the applicant.**

Signature : _____ Date: _____

Completed by Sheriff's Technician: _____