

## **ELECTRONIC FINGERPRINT BACKGROUND CHECKS**

Hours of Service – Monday through Friday 8:00 a.m. – 3:00 p.m. by Appointment Only. Please call (330) 643-2065 to schedule an appointment.

Summit County Clerk of Courts offers electronic fingerprints at the Summit County Courthouse located at 205 S. High Street, Akron, OH 44308.

This office does not perform background checks for Ohio Peace Officers Training Academy, CCW, or fingerprint cards. You may contact the Summit County Sheriff's Office at (330) 643-2176 to obtain information on these types of background checks.

### **BACKGROUND CHECKS CAN BE COMPLETED FOR THE FOLLOWING:**

- Ohio Department of Education
- PI/SG Ohio Department of Public Safety
- BMV Dealer Licensing
- Social Worker Board
- Child Care Center – Type A – ODJFS
- Ohio Construction Board
- BMV Deputy Registrar
- Occupational Therapy, Physical Therapy and Athletic Trainers Board
- Ohio Board of Nursing
- Ohio Department of Liquor Control
- Ohio State Racing Commission
- Ohio Department of Insurance
- Commerce – Medical Marijuana Control Program
- Lottery Commission
- Ohio Department of Agriculture – Hemp
- Ohio Division of Real Estate and Professional Licensing
- Ohio Medical Board
- Ohio Veterinary Medical Licensing Board
- Pharmacy Board
- State Speech and Hearing Professionals Board
- State Vision Professionals Board

### **COST OF SERVICE:**

- BCI \$32
- FBI \$34
- BOTH BCI & FBI \$60

### **FOR QUICK AND EFFICIENT SERVICE, PLEASE PROVIDE THE FOLLOWING:**

- Completed background check form (Under “Reason for Background Check”, you must include the **ORC Code Number and Exact Description** as listed in the attached tables of BCI and FBI Codes)
- Forms are available on our website and in our office. If you are picking up a packet, you must return for an appointment to process the background check.
- Valid government issued photo ID (Driver's License, State ID, Military ID, Green Card)
- A form of payment for Service – cash, check, credit card, money order
- If your company is paying for you, please provide their completed company check payable to Summit County Clerk of Courts.
- Knowledge of which background check is being requested (BCI, FBI OR BOTH)
- Knowledge of the reason/purpose for the requested background check. Our staff will not be able to assist you in choosing your reason code(s). This must be provided to you by the agency requesting the background check.



# SANDRA KURT

SUMMIT COUNTY CLERK OF COURTS

LOG #

**REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING**

**BCI      FBI      BCI & FBI**

**PERSONAL INFORMATION**

Type of Photo ID and ID#

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Date of Birth (Month-Day-Year): \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Reason for Background Check:

BCI ORC Code: \_\_\_\_\_ Description: \_\_\_\_\_

FBI ORC Code: \_\_\_\_\_ Description: \_\_\_\_\_

Address for results to be mailed to:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Direct copy sent to:

I certify that the personal identifiers provided on this form are accurate, and I voluntarily and knowingly authorized the Ohio Bureau of Criminal Identification & Investigation (BCI) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorized BCI to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the above mentioned parties. I voluntarily release and discharge the Ohio Attorney General's Office, BCI, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent / Guardian Name (please print): \_\_\_\_\_

Parent / Guardian Signature (minor applicants only): \_\_\_\_\_

**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 applicant.**