

ELECTRONIC FINGER PRINT BACKGROUND CHECKS

Hours of Service – Monday through Friday 7:30 a.m.– 3:30 p.m. by Appointment Only. Please call (330) 643-2065 to schedule an appointment.

Summit County Clerk of Courts offers electronic fingerprint background checks at the Summit County 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
- Ohio Department of Public Safety
- BMV Dealer Licensing
- Dietetics Board
- Social Worker Board
- Child Care Center – Type A – ODJFS
- Ohio Construction Board
- BMV Deputy Registrar
- Respiratory Care Board
- Orthotics, Prosthetics, Pedorthics Board
- Occupational Therapy, Physical Therapy and Athletic Trainer Board
- Ohio Board of Nursing
- Ohio Department of Liquor Control
- Ohio State Racing Commission
- Ohio Department of Insurance
- Employment Opportunities
- Employer Requested fingerprint background checks

COST OF SERVICE:

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

FOR QUICK AND EFFICIENT SERVICE, PLEASE PROVIDE THE FOLLOWING:

- Completed background check form
- 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 check or written documentation of the company's name, contact person, address, and phone number
- Knowledge of what background check(s) 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.

Webcheck #

Log #

Request for a Background Check via Electronic Fingerprinting

BCI FBI BCI and FBI

Personal Information

Type of Photo ID and ID#

Name Phone Number

Address Email Address

City State/Province 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

Address

Address 2

City State Zip Code

Mailed to Phone Number

Direct Copy Sent To (choose only one):

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 to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorized 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.

Applicants Name (please print) _____ Witness Name (please print) _____

Applicants Signature _____ (date) _____ Witness 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 the applicant.