

ELECTRONIC FINGER PRINT BACKGROUND CHECKS

Hours of Service – Monday through Friday 7:30 a.m.– 4:00 p.m. No appointment necessary

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

Both FBI and BCI Background Checks are performed. The process is quick and easy.

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
- Lottery Commission
- Ohio Board of Pharmacy
- Ohio Medical Board
- Orthotics, Prosthetics, Pedorthics Board
- 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
- 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:

- Valid government issued photo ID (Driver's License, State ID, Military ID, Green Card)
- The name, address and phone number where results need to be sent
- 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
- Knowledge of the reason/purpose for the requested 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:

Address for results to be mailed to:

Name

Address

Address 2

City State Zip Code

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.