# NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05/14)

| FOR BCI USE ONLY |
|---|
| Check Number |
| Amount |
| Receipt Number |
| Receipt Date |

## INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned**.
2. Background request only covers North Dakota criminal history records.
3. State law (NDCC § 12-60-16.6) requires the subject's name and at least two other provided items of information match the data in the criminal history record system before a record may be released. Providing maiden or former names is very important. Please ensure Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required, but may be submitted.
4. The required **$15.00** fee [U.S. Dollars] per record check must be included with this request. The **check or money order** must be made payable to the **North Dakota Attorney General**.
5. To complete the criminal history record check, we must have a signed authorization form (SFN 51156) from the subject **OR** the subject's current address. If a signed authorization form is not provided, state law requires BCI provide notice to the subject if a record is disseminated. (NDCC § 12-60-16.8)
6. Return the request to:

   **Criminal Records Section**
   **North Dakota Bureau of Criminal Investigation**
   **4205 State Street**
   **PO Box 1054**
   **Bismarck ND 58502-1054**
   **(701) 328-5500**

   *Use street address when shipping by next day service.*

## REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

| | | |
|---|---|---|
| Mail to Attention of | | Telephone Number |
| Name/Company | | |
| Address | | |
| City | State | ZIP Code |

## RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

| | | |
|---|---|---|
| Last Name | First Name (no initials) | Middle Name |
| (AKA/Maiden/Former) Last Name(s) | First Name | Middle Name |
| Date of Birth (MM/DD/YYYY) | Social Security Number | BCI State ID Number (if known) |
| Specific reportable criminal event identified by date, offense, and agency or court (if known) | | |
| Current Address **(If current address is not furnished, a signed authorization form must be attached)** | | |
| City | State | ZIP Code |

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record information background investigation under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

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|---|---|---|---|---|---|---|---|---|---|
| SID Number | Released Date | Y/N | | P/P | | OFND | | OFND LTR | |

**INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW.**