



**CRIMINAL HISTORY RECORD CHECK REQUEST
FOR NORTH DAKOTA PUBLIC SCHOOLS**
OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 58617 (06-2017)

FOR BCI USE ONLY
Check Number
Amount
Receipt Number
Receipt Date
SID

GENERAL INSTRUCTIONS

- Public schools requesting state and FBI criminal history record checks related to N.D.C.C. §12-60-24 must complete this form, attach 2 completed fingerprint cards containing the fingerprints of the subject of the record check, and remit appropriate fees. Incomplete or illegible requests will be returned. Checks should be made payable to the North Dakota Attorney General.
- Please send the form, fingerprint cards, and fees to:
Criminal Records Section
North Dakota Bureau of Criminal Investigation
4205 State Street
PO Box 1054
Bismarck ND 58502-1054
Phone: 701-328-5500

TO BE COMPLETED BY SCHOOL

School Name		County Number	District Number
Contact Name	Telephone Number	Email Address	
Address			
City		State	ZIP Code
Please Check One and Remit Appropriate Fees			
Record Checks for Volunteers <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$23.75 <input type="checkbox"/> ND and FBI, remit \$38.75		Record Checks for Employees/Others <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$25.00 <input type="checkbox"/> ND and FBI, remit \$40.00	

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address		
City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.