



PUBLIC REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (08-2023)

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. Record request only covers North Dakota criminal history records.
3. To process the request, NDCC §12-60-16.6 requires the subject's name and fingerprints or the subject's name and at least **two** items of information (date of birth, social security number, state identification number assigned to record subject, specific reportable event). Providing maiden or former names is very important. ****Please ensure Social Security Number and Date of Birth are provided and are correct.**
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, if the subject's current address is not provided, we must have a signed authorization form (SFN 51156) from the subject. 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
PO Box 1054
Bismarck ND 58502-1054
Phone: (701) 328-5500

Physical Address:
1720 Burlington Drive Suite B
Bismarck ND 58504

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

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

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name		First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)		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 provided, 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 NDCC §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	Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole/Probation <input type="checkbox"/>	Offender <input type="checkbox"/>	Converted <input type="checkbox"/>	Offender Letter <input type="checkbox"/>
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