



# PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 51156 (12-2024)

## 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

Pursuant to NDCC § 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the above party, provided; however, that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

## SUBJECT OF RECORD CHECK

Name (please print)	
Signature (electronic or typed name is the legal equivalent of a handwritten signature)	Date

This form should accompany the Public Request for Criminal History Record Information.