



NONPROFIT ORGANIZATION NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 54305 (07-2025)

FOR BCI USE ONLY

Check Number

Amount

Receipt Number

Receipt Date

INSTRUCTIONS

1. The reduction in fee record check applies only to **"a nonprofit organization that is organized and operated in this state exclusively for charitable purposes for the exclusive benefit of minors" OR "a nonprofit organization that is organized and operated in this state exclusively for charitable purposes for the exclusive benefit of vulnerable elderly adults (NDCC § 12-60-16.9).** An organization must be predetermined by the Office of Attorney General as eligible to receive the reduction in the required fee. Please contact the Criminal Records Section at (701) 328-5500 if this determination has not been made for your agency.
2. The agency number assigned by the Bureau of Criminal Investigation must be included with the request.
3. Please type or print legibly and ensure that all information is complete and accurate. **Incomplete or illegible requests will be returned.**
4. Record request only covers North Dakota criminal history records.
5. State law (NDCC § 12-60-16.6) requires the subject's name and at least **two** additional identifiers, such as DOB, SSN, BCI state ID number, or a specific reportable criminal event, before a criminal record may be released. It is very important to provide all maiden and former names to ensure a thorough and accurate search. Fingerprints may be submitted in lieu of the two required identifiers.
6. The required **\$5.00** 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**.
7. 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)
8. 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 NONPROFIT ORGANIZATION INDICATED IN THIS BLOCK

Agency Number	Agency Name	Telephone Number
Address	City	State
		ZIP Code

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
Additional Last Name(s) (AKA/Maiden/Former)	Additional First Name(s)	Additional Middle Name(s)
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 check 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.

FOR BCI USE ONLY

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"/>
------------	---------------	--	--	--------------------------------------	---------------------------------------	---

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