NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05-2021)

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. 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
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK
Mail to Attention of
Kyli Klinger
Name/Company
Office of Licensure & Accreditation
Address
910 E Sioux Ave
City
Pierre
State
SD
ZIP Code
57501
Telephone Number
605-773-3612

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.

FOR BCI USE ONLY
SID Number
Released Date
Record
☐ Yes ☐ No
Parole/Probation
☐
Offender
☐
Offender Letter
☐

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