



# NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 50744 (05-2021)

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. 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		Telephone Number 605-773-3612	
Name/Company Office of Licensure & Accreditation			
Address 910 E Sioux Ave	City Pierre	State SD	ZIP Code 57501

## RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Formal)	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 <b>current address is not provided, a signed authorization form must be attached</b> )		
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole/Probation <input type="checkbox"/>	Offender <input type="checkbox"/>	Offender Letter <input type="checkbox"/>
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**INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW.**