NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (3/05)

FOR BCI USE ONLY
Check #
Amount
Receipt #
SID #

INSTRUCTIONS:

1. Please type or print legibly and ensure that all information is complete. Incomplete or illegible requests will be returned.
2. State law (NDCC §12-60-16.6) requires that 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 that Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required but may be submitted.
3. Only North Dakota criminal history records are provided.
4. The required $15.00 fee [U.S. Dollars] per record check must be included with this request. The check or money order should be made payable to the North Dakota Attorney General.
5. To complete the criminal history record check we must have a signed authorization from the subject OR the subject's current address. If a signed authorization is not provided, state law requires that the BCI provide notice to the subject if a record is disseminated. (NDCC §12-60-16.8)
6. The record check results will be mailed to the individual or agency indicated in the requester information block.
7. Return the request to:

Criminal Records Section
North Dakota Bureau of Criminal Investigation
4205 State Street
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500

Use street address when shipping by next day service.

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

REQUESTER INFORMATION		
Name		Phone
Address		
Address		
City	State	Zip

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW		
Last Name	First Name (no initials)	Middle Name
(AKA/Maiden/Former) Last Name(s)	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security Number	BCI State ID # (if known)
Specific reportable criminal event identified by date, offense and agency or court (if known)		
Current Address (If current address is not furnished, a signed authorization must be attached)		
City	State	Zip