



**CRIMINAL HISTORY RECORD CHECK REQUEST
PURSUANT TO NDCC 12-60-24**

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 60688 (11-2017)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	
SID	

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check and remit appropriate fees.

TO BE COMPLETED BY AGENCY

Mail to Attention of	Telephone Number	
Agency Name	Originating Agency Identifier (ORI)	
Address	Email Address	
City	State	ZIP Code
Comments/Miscellaneous		

AGENCY USE ONLY

Please Check One and Remit Appropriate Fees			
Record Checks for Employees/Others		Record Checks for Volunteers	
Current Fees	Effective January 1, 2019	Current Fees	Effective January 1, 2019
<input type="checkbox"/> ND only, remit \$15.00	<input type="checkbox"/> ND only, remit \$15.00	<input type="checkbox"/> ND only, remit \$15.00	<input type="checkbox"/> ND only, remit \$15.00
<input type="checkbox"/> FBI only, remit \$25.00	<input type="checkbox"/> FBI only, remit \$26.25	<input type="checkbox"/> FBI only, remit \$23.75	<input type="checkbox"/> FBI only, remit \$24.25
<input type="checkbox"/> ND and FBI, remit \$40.00	<input type="checkbox"/> ND and FBI, remit \$41.25	<input type="checkbox"/> ND and FBI, remit \$38.75	<input type="checkbox"/> ND and FBI, remit \$39.25
Process Control Number (PCN)			

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address		
City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.