PUBLIC REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05-2026)

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 and accurate. **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** additional identifiers, such as Date of Birth, 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.
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
Phone: (701) 328-5500

Physical Address:
1720 Burlington Drive Suite B
PO Box 1054
Bismarck ND 58504

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of		Telephone Number/Extension	
Dr. Katherine Terras		701-322-4429	
Name/Company			
Certification Central			
Address	City	State	ZIP Code
PO Box 322	McVille	ND	58254

PREFERRED RESPONSE METHOD (select one)

◯ Mail - Response will be sent to the mailing address provided above
◉ Email -Specify Email Address admin@certificationcentral.education

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)
BCI State ID Number (if known)	Date of Birth (MM/DD/YYYY)	Social Security Number
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.

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SID Number	Released Date	Record Yes/No	Parole/Probation ☐	Offender ☐	Converted ☐	Offender Letter ☐

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