PUBLIC REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (09-2025)

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 DOB, 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
Bismarck ND 58504

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

Mail to Attention of			Telephone Number/Extension
Kyli Hill			605-480-9407
Name/Company			
Office of Licensing & Accreditation			
Address	City	State	ZIP Code
70 Governors Dr	Pierre	SD	57501

Preferred Method of Response (select one)

☒ Email - Email Address dsscrs@state.sd.us ☐ Mail - Response will be sent to the mailing address provided above

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)
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.

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

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