PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 51156 (11/05)

Name of Authorized Recipient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pursuant to North Dakota Century Code 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the above party, provided; however, that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

_____
Applicants Name (Please Print)

_____ _____
Signature of Applicant Date

This form should accompany the Non-Criminal Justice Request for Criminal History Record Information. Both forms should be forwarded to the following address:

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