



Request for Criminal History Check

Records Division

Date of Request: _____

Requester's Information:

Name: _____

Address: _____

Record Subject's:

Name: _____ Date of Birth: _____

Previous/Alternative Names: _____

Address: _____

Complete one or more of the following:

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

A \$10 fee will be charged for all criminal history checks.

Mail, fax, or submit this form in person to:

105 25th St N, Fargo, ND 58102

Fax: 701.241.8272