



# 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