

**Criminal History Record Check Request
For Department of Nursing, Minot State University**

For BCI Use Only
Check #
Amount
Receipt #
SID #
Date Mailed

General Instructions:

- Students accepted into the nursing program at Minot State University requesting a state and federal criminal history record check related to NDCC §12-60-24 must complete this form, attach 2 completed fingerprint cards containing the fingerprints of the subject of the record check, and remit appropriate fees. Incomplete or illegible requests will be returned. Checks should be made payable to the **North Dakota Attorney General**.
- Please send the form, fingerprint cards, and fees to:

Admission and Progression Committee
Department of Nursing
Minot State University
500 University Ave West
Minot ND 58707
(701) 858-3229

To Be Completed by Department of Nursing, Minot State University		
Name of School Minot State University		
Name of Contact Mary Smith RN, MS Advanced Standing Director	Telephone Number 701-858-3251	E-mail Address mary.smith.1@minotstateu.edu
Mailing Address 500 University Ave West		
City Minot	State N.D.	Zip 58707

Please remit appropriate fee.	Record Checks for Department of Nursing, MSU
	Fee: <input type="checkbox"/> ND and Federal, remit \$40.00

To Be Completed by Subject of Record Check		
Last Name	First Name	Middle Name
Other Name(s) Used (Maiden, Former, AKA, Etc.)		
Date of Birth	Social Security Number	
Current Address		
City	State	Zip
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what offense(s) and what was the outcome of the case(s): (dismissed, deferred sentence, acquittal, conviction, etc)		
Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.		
I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and national criminal history records to the requester listed above.		
A photocopy of this signed release shall have the same force and effect as the original release.		
Subject's Signature	Date	