



**INFORMATION RELEASE AUTHORIZATION  
FOR BACKGROUND INVESTIGATION**  
OFFICE OF MANAGEMENT AND BUDGET  
SFN 58613 (02-2015)

<b>BCI Use Only</b>	
Check # _____	Amount \$ _____
Receipt # _____	SID # _____
Dept # _____	Div # _____

**General Instructions**

Pursuant to NDCC 12-60-24 and/or in connection with my actual or potential employment with the state of North Dakota, I understand that investigative background inquiries are to be made on myself. I understand that the State will be requesting information from federal and state agencies which maintain records concerning criminal activity.

**Method of Payment:**

Interdepartmental Billing (IDB)

Check Issued to Bureau of Criminal Investigation (BCI)

**To Be Completed by Hiring Authority\* – Please Print**

Hiring Agency Name		Hiring Agency PeopleSoft Number	
Address	City	State <b>ND</b>	ZIP Code
Contact Person	Telephone Number		

**To Be Completed by Applicant – Please Print**

Last Name	First Name	Middle Name	
Other Name(s) Used (Maiden, Former, AKA, etc.) Last	First Name	Middle Name	
Current Address	City	State	ZIP Code
Social Security Number	Date of Birth		

As an employee or applicant for employment with the state of North Dakota, I understand that a criminal background records check will be completed by the North Dakota Bureau of Criminal Investigation (BCI). I hereby waive and release the state of North Dakota, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

I affirm that I have never been adjudicated (dismissed, deferred sentence, pled guilty and/or convicted) of a crime  
I acknowledge that I have been adjudicated of the crime of \_\_\_\_\_

I agree that it is my responsibility to be fingerprinted at a local law enforcement facility using the fingerprint cards provided to me by the State. Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete 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 C.F.R. § 16.34.

A photocopy of this signed release shall have the same force and effect as the original release executed by me below.

Applicant's Signature	Date
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Privacy Act Statement: In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to locate information regarding any potential criminal activity.

**\*Please send all material to the Risk Management Division**