

**NORTH DAKOTA STATE
BOARD OF MEDICAL EXAMINERS
418 E BROADWAY AVE SUITE 12
BISMARCK ND 58501-4086
(701) 328-6500**

FOR BCI USE
Check # _____
Amt _____
Receipt # _____
SID # _____
Date Mailed _____

PERSONAL AUTHORIZATION FOR CRIMINAL RECORD INQUIRY

Date: _____

Pursuant to NDCC 43-17-07.1, I hereby authorize the North Dakota Bureau of Criminal Investigation and the Federal Bureau of Investigation (FBI) to release a copy of my criminal record to the North Dakota State Board of Medical Examiners. I have been advised that I have a right to review and challenge the accuracy and completeness of the information obtained through this process.

Signature of Applicant

Name: _____
(please print) LAST FIRST MIDDLE

Other Names Used (include maiden name, name changes, etc):

(please print) LAST FIRST MIDDLE

(please print) LAST FIRST MIDDLE

(please print) LAST FIRST MIDDLE

Date of Birth: ____/____/____ Gender (check one): ___ Male ___ Female

Social Security #: _____

Current Address/Residence of Applicant: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) - _____