AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN RESOURCES
SFN 979 (07-2026)

Click Here to Clear Field Data

Legal Authority: NDCC 50-06-01.9 and NDCC 12-60-24. Your fingerprints will be used to search 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. (http://www.fbi.gov/gov/about-us/cjis/background-checks)

*The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary, and it is requested for identification purposes. Failure to disclose this information will not affect your consideration for employment with DHHS.

TO BE COMPLETED BY APPLICANT OR NEW EMPLOYEE. THIS FORM MUST BE TYPED.

I hereby authorize the Department of Health and Human Services to use my fingerprints and the information on this form as a means of searching for my name on the National Crime Information Database; ND Office of Inspector General Exclusion Database; Federal Office of Inspector General Exclusion Database; ND Certified Nurse Aide Registry; ND Child Abuse/Neglect Index; ND Sex Offender Registry; ND Offenders Against Children Registry; ND Supreme Court website; law enforcement agencies in any city/state of residence, employment, or schooling in the past five years; Child Abuse/Neglect Registry and Certified Nurse Aide Registry in any state of residence in the past five years.

I understand that an FBI fingerprint-based and/or a ND criminal history record repository search will be conducted.

I understand that as a person who is subject to a criminal history record information investigation, I am entitled to obtain a copy of any criminal history record information from ND Bureau of Criminal Investigation (BCI) or the FBI by following their record request procedures.

I understand that this criminal background investigation is to ensure the safety of the patients,clients, visitors, volunteers, and employees of DHHS.

Last Name	First Name	Full Middle Name ◯ None ◯ Initial Only

Aliases: Maiden or Birth Name, Other Last Names Used ◯ None	* Social Security Number	Date of Birth

Street Address	City	State	ZIP Code	Telephone Number

Mailing Address: If Different Than Above

List **EVERY** City and State you have lived in, worked in, or attended school in at any time during the previous 5 years.

Have you ever been arrested or convicted of a crime? ◯ No ◯ Yes
If yes, identify each offense and the outcome of each case: Dismissed, Deferred Sentence, Acquittal, Conviction, Et Cetera

☐ I understand that by checking this box and typing my name, I am signing and agree that my electronic signature is the legal equivalent of my handwritten signature. I agree that the electronic signature that appears on this document has the same validity and enforceability as my handwritten signature.

Signature	Date

TO BE COMPLETED BY PAYROLL CONTACT

Employing Unit	HR Contact	Zones Only - Access to SPACES Required ◯ No ◯ Yes

REQUIRED FORMS

The Authorization for Release of Criminal History Information Form: SFN 979, Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form: SFN 60688 and Fingerprint Identity Verification Form: SFN 836 are required for all criminal background checks processed by the department. **The SFN 979 and SFN 60688 forms MUST be typed**. Handwritten and/or incomplete forms will be rejected. Your fingerprints will be held for 30 calendar days. If your corrected/completed forms have not been received within 30 days, your fingerprints will be destroyed, and you must start the process from the beginning.

FINGERPRINTING

Must Show A Valid Government Issued Photo ID or You Cannot Be Fingerprinted

Human Services Centers: No fees apply. You must bring your completed SFN 829 and SFN 60688 forms, a blank SFN 836 form and a valid photo ID.

Law enforcement or other authorized agencies: Fees may apply and will be at your own expense. You must bring a valid photo ID and a blank SFN 836 form to be completed by the official rolling your prints. **IF** your prints are rolled by using an ink pad, two cards are required, and they **MUST** be sealed in an envelope by the official. The official's signature, or the agency stamp, must be placed of the seal. It is your responsibility to mail all of your forms and fingerprints to:

Department of Health and Human Services
Criminal Background Check Unit
600 E. Blvd Ave Dept 325
Bismarck ND 58505-0250