

September 1, 2022

Metropolitan Police Department Criminal  
History Section  
300 Indiana Ave NW, Room 1075  
Washington, DC 20001

**RE: Criminal History Record Information on:**  
**Full Legal Name:**  
**OLN's Used:**  
**DOB:**  
**SSN:**

For psychiatric residential treatment facility employment purposes, the above-named individual has authorized a search of the Washington DC Metropolitan Police Department, Criminal History Section, as indicated by their notarized statement and signature below.

I, \_\_\_\_\_, hereby authorize the Washington DC Metropolitan Police Department, Criminal History Section, to release my Washington DC criminal history information directly to ND DHHS, Criminal Background Check Unit.

Signed \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CRIMINAL BACKGROUND CHECK UNIT**

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250  
701.328.7575 | Fax 701.328.0358 | 711 (TTY) | dhscfscbc@nd.gov | www.nd.gov/dhs