

PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Print Name/Title of Person Requesting Data	Date	Signature
NDDHS Criminal Background Check Unit	dhscfscbc@nd.gov	701-328-7575
Employer/Agency Name	Email	Phone Number
600 E. Blvd Ave, Dept 325 Bismarck ND 58505-0250		
Business Address		

Employer reason for request:

Release to an agency/individual related to:

- Childcare related employment
 Elder care related employment
 CASA
 Schools/public and private
 Other (explain): _____

**PART II. IDENTIFYING INFORMATION
(completed by individual(s) for whom information is being requested)**

List all adults age 18 and over for whom information is being requested

Name (Adult #1)	Date of Birth	Social Security Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Alias/Maiden Name(s) used	Gender/Sex	
Email		
Address		

Name (Adult #2)	Date of Birth	Social Security Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Alias/Maiden Name(s) used	Gender/Sex	
Email		
Address		

Children in family or home

Name	Any other name(s) used	Date of Birth	Social Security Number

