



AUTHORIZATION TO DISCLOSE INFORMATION

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

BUREAU OF CRIMINAL INVESTIGATION

SFN 62172 (04-2022)

PRIVACY STATEMENT

The disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. The requested information will be utilized by the North Dakota Sex Offender Risk Assessment Committee (SORAC) for the review and assignment of individuals North Dakota risk level in accordance with NDCC 12.1-32-15. This information is not for distribution or use outside of the SORAC.

Client Name (last, first, middle initial)	Social Security Number	Date of Birth	
Address	City	State	ZIP Code

RELEASE INFORMATION

I Hereby Authorize

Agency/Facility/Program Name			
Address	City	State	ZIP Code

Release Information To

Agency Name	Email Address (complete ONLY if email delivery is requested)		
Address	City	State	ZIP Code

Provide Information/Documents To Be Disclosed

Authorization remains in effect for one year from date signed unless a different expiration date is entered here (MM/DD/YYYY):

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CLIENT CONSENT

This authorization may be revoked by written notice, at any time except to the extent that action has been taken in reliance on it. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form, including verbal, written or electronic transmission. A photo copy of this authorization is as effective as the original.

Client Signature	Date
Parent/Guardian or Custodian Signature (if needed)	Relationship Date