CRIMINAL HISTORY RECORD REQUEST

Individuals whose criminal history records may be impacted by the Adult Use Cannabis Act (609A.055) or the Clean Slate Act (609A.015) may request access to their complete criminal history record, including sealed offenses, by completing this form and submitting it to the BCA. The request is subject to an $8 fee that must be paid at the time of the request.

Submit this form to the BCA by one of the following methods:

1) Bring this form to the BCA and show a current, government-issued photo ID, or
2) Sign below in the presence of a Notary Public and mail the *original* to:

CHA Unit
Bureau of Criminal Apprehension,
1430 Maryland Avenue East,
Saint Paul, MN 55106

A copy of your criminal history record will be mailed to the address provided below.
PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

SUBJECT INFORMATION

* Name: _____
Last First Middle

Other names (aliases, birth name, nicknames, maiden name, etc.): _____

Address: _____
Street Apt. /Suite #

_____
City State Zip Code

* Date of birth: _____ Telephone: (_____)_____ Email: _____
MM/DD/YYYY

* Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Signed or attested before me this _____ day of _____, 20_____ by
Name of requestor: _____ (Affix seal here)
Signature of Notary Public: _____
My commission expires: _____

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____