

**MINNESOTA STATUTE 123b.03
CRIMINAL BACKGROUND CHECK
INFORMED CONSENT**

Name of Parish: _____

Street Address: _____

City, State & Zip: _____

Telephone Number: _____

Date: _____

The following individual has made application with this agency: _____ as an employee
_____ as a volunteer

Full Name of Applicant: _____
(Please print) Last First Middle

Maiden, Previous, Alias: _____
(Please print)

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the above named parish pursuant to MN State Statute 123b.03 for the purpose of:

_____ employment as a _____ with this agency.
(name of job for which they seek employment)

_____ volunteer as a _____ with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant/Volunteer

Date

**ACCOUNT NUMBER T076253131
NON-PROFIT ORGANIZATION**

Send completed form, \$8 fee and self-addressed stamped envelope to:
Minnesota Bureau of Criminal Apprehension
Attn: CJIS ~ Criminal History Access
1430 Maryland Avenue East
St. Paul, MN 55106