

**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**

**For OFFICE USE ONLY,**

\$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