

MN BCA Background Check Consent Form
INSERT THE NAME OF YOUR SCHOOL

Account No: **YOUR SCHOOL ACCOUNT NUMBER IF YOU CHOSE TO OPEN ONE**

This is a Non-Profit Organization pursuant to 501(c)(3) of the Internal Revenue Code.

The following named individual has made application with this organization for:

Criminal background records pursuant to MN Statute 123b.03

Print your First Name: _____

Print your Middle Name: _____

Print your Last Name: _____

Other names you have used (Maiden; Former): _____

Social Security Number (required _____ - _____ - _____)

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Gender: Male Female

Daytime Phone Number: _____ - _____ - _____

Home Address: _____

City/State/Zip: _____

Position: _____ Employee Volunteer

Parish/School: _____ City: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the **YOUR SCHOOL NAME** for the purpose of employment or otherwise working within this organization.

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

Date Signature

I request a copy of the result of my Minnesota BCA report.

This form must be sent with INFORMED CONSENT RELEASE OF PREDATORY OFFENDER REGISTRATION DATA form

Mail the two completed forms to:

Include a stamped envelope addressed to (use the same postage amount as the original mailing envelope):

**MN BCA, MNJIS – CHA Unit
1430 Maryland Ave. E.
St. Paul MN 55106**

INSERT THE NAME AND ADDRESS OF YOUR SCHOOL