

Crosslake Community School
School District 4059
35808 County Road 66
P.O. Box 1020
Crosslake, Minnesota 56442
Kelly Bittner, Human Resources/Business Manager
kellybittner@crosslakekids.org
218-692-5437, ext. 104

***** We are requesting a federal check pursuant to Minnesota Statutes 299C.62 on this individual as well.**
(Contributor, please check this box if requesting a federal check and attach fingerprint card, the Child Protection Background Check Consent form, and appropriate fee. Please note that the federal check will take one to two weeks to complete.)

The following named individual has made application with Crosslake Community Schools (CCS) for employment:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth (Month/Day/Year): _____ **Sex** (M or F): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Crosslake Community Schools, District 4059, pursuant to Minnesota Statutes 123B.03, subdivision 1 for the purpose of employment as a _____ with CCS.

Signature of Applicant or Potential Service Provider: _____ **Date:** _____

This release is valid for one year from the date of my signature

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public

1. Records obtained under the Minnesota State Statute 123B.03, subdivision 1, may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).
4. You have the right to request and obtain from the school hiring authority a copy of the background check report. A school hiring authority may charge the individual for the actual cost of providing a copy of the report.

CCS should forward this executed form, along with a check or money order in the amount of \$15, payable to the "MN BCA" and a self-addressed, stamped envelope, to:

Minnesota Bureau of Criminal Apprehension
CHA Unit
1430 Maryland Avenue E.
St. Paul, MN 55106

Approved: