

Sample Informed Consent Form

Sample 123B.03 Informed Consent
Your School District Name and Number
Street Address
City, State, and Zip Code
Telephone Number

Date: _____

The following named individual has made application with this School District for employment.

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

Maiden, Previous, Alias: _____

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

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to _____ pursuant to Minn. Stat. § 123B.03 for the purpose of employment as _____ with this school district.

CONDITIONAL HIRING: I understand that the School District may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based on the result of the background check.

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

Signature of Applicant

Date

The School District should forward this executed form, along with a check or money order in the amount of \$15.00 payable to the "MN BCA" and a self-addressed, stamped envelope, to:

Minnesota Bureau of Criminal Apprehension

Attention: CCHID

1246 University Avenue

St. Paul, MN 55104-4197