

Authorization Form
Minnesota Bureau of Criminal Apprehension (BCA)
Criminal Background Check
Independent School District 709, Duluth Public Schools
215 N. 1st Ave East
Duluth, MN, 55802
218-336-8700

Date: _____

The following named individual has made application with this Independent School District #709 for employment or provision of athletic coaching services or other extracurricular academic coaching services.

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

Maiden, Previous, Alias: _____

Address: _____
 Street City State Zip

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, Independent School District #709 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 or provide athletic coaching services or other extracurricular academic coaching services pending completion of the criminal history background check and acknowledge and agree that my employment or services 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.

I authorize the Independent School District #709, to deduct a mandatory non-refundable \$20.00 processing fee for my criminal background check.

I understand that I will **only** be notified if the result of my background check indicates a record has been found.

Signature

Date