



Crosslake Community Schools  
Background Check Consent Form  
CONFIDENTIAL

Date: \_\_\_\_\_

The following named individual has made application with this agency for employment:

Last Name of Applicant: *(please print)* \_\_\_\_\_

First Name: *(please print)* \_\_\_\_\_

Middle Name: *(please print)* \_\_\_\_\_

Maiden, Alias, or Former Name: *(please print)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: Male or Female

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Crosslake Community School pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment 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

\_\_\_\_\_  
Date

35808 County Road 66, P. O. Box 1020 Crosslake, Minnesota 56442  
218.692.5437