

Informed Consent  
Bagley Public Schools  
202 Bagley Avenue Northwest  
Bagley, Minnesota 56621  
(218) 694-6184

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

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

Full Name of Applicant: \_\_\_\_\_  
Last First Middle

Maiden, Previous, Alias: \_\_\_\_\_

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

Social Security Number: (Optional) \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the Superintendent and Board of Education, Bagley Public Schools pursuant to Minnesota State Statute 123B.03 for the purpose of employment as \_\_\_\_\_ with Bagley Public Schools.

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