SO. KOOCHICHING-RAINY RIVER DISTRICT #363

PO BOX 465

NORTHOME, MN 56661

218-897-5275

Informed Consent Form

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

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

Full Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print) Last First Middle

Maiden, and/or Previous, and/or Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/day/year)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the Superintendent of South Koochiching/Rainy River ISD #363 pursuant to Minnesota State Statute 123B.03 for the purpose of employment as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with this school district.

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

This form must be accompanied by the applicant’s PERSONAL CHECK, MONEY ORDER or CASHIER’S CHECK payable to the BUREAU OF CRIMINAL APPREHENSION in the amount of $15.00, which is the current fee for conducting this background check.

An Equal Employment Opportunity / Affirmative Action Employer.

REVISED: 1/26/2012