# *Logo, company name  Description automatically generated***Background Check Permission Form**

# **Voyageurs Expeditionary School; Non-profit**

# **3724 Bemidji Avenue North, Bemidji, MN 56601**

# **218-444-3130**

# **Account# T185868347**

Date:

The following named individual has made application with this agency to provide services; employment or volunteering.

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

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

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

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

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Sex (M or F):

Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Voyageurs Expeditionary School pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment as a (teacher, paraprofessional: service provider; driver; or Volunteer with this agency.

Return original background check form with a check, money order or cashier’s check payable to the MN Bureau of Criminal Apprehension (BCA) in the amount of $8.00, which is the current fee for conducting this 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**