



MINNESOTA STATE ACADEMIES FOR THE DEAF AND THE BLIND

615 Olof Hanson Drive, Faribault MN 55021 (507) 384-6600 www.msa.state.mn.us

CRIMINAL HISTORY BACKGROUND CHECK

INFORMED CONSENT FORM

The following named individual has made application with the Minnesota State Academies (for the Deaf and Blind) for employment or provision of athletic coaching services or other extracurricular academic coaching/sponsor services.

We are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual.

Last Name of Applicant: (Please print): _____

First Name: (Please print): _____

Middle Name: (Please print): _____

Maiden, Previous or Alias: (Please print): _____

Date of Birth: _____ **Sex (M or F):** _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Minnesota State Academies (MSA) pursuant to Minnesota Statute § 123B.03 for the purpose of employment with the Academies. I understand that the Academies may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching/sponsor 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. My signature also confirms that I have received and read the Academies Criminal History Background Check Policy.

Signature of Applicant/Potential Service Provider

Date

NON PROFIT ORGANIZATION
ACCOUNT #T5073325410
08/2019

MSA Human Resources Office Use only:		
Check Received <input type="checkbox"/>	Check #: _____	Check Amount: _____