



DISTRICT CENTER  
1440 49<sup>th</sup> Avenue NE  
Columbia Heights, MN 55421  
763-528-4500 phone  
763-571-9203 fax

## BACKGROUND CHECK AUTHORIZATION AND RELEASE COLUMBIA HEIGHTS PUBLIC SCHOOLS

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The following named individual has made application with Columbia Heights Public Schools for employment or provision of athletic coaching services or other extracurricular academic coaching services or volunteering services.

### Full Name of Individual (Print Legibly)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

**Maiden/Previous/Alias Name(s)** – List all prior names as: First, Middle, Last.

\_\_\_\_\_  
**Address-** Street, City, State:

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Gender (circle one):** Male Female (Pursuant to Minn. Stat. §299C.64 as required by BCA)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Columbia Heights Public Schools, ISD #13, 1440 49<sup>th</sup> Avenue NE, Columbia Heights, MN 55421, pursuant to Minnesota State Statute 123B.03 for the purpose of \_\_\_\_\_ (list position and location) with this School District.

I understand that I have the right to obtain a copy of any background check report, but the school hiring authority may charge for the actual cost of providing a copy of the report. I also understand that I may challenge the accuracy or completeness of the information contained in the background report or record pursuant to section 13.04, subdivision 4, or applicable federal authority.

**Conditional Hiring:** I understand that the School District may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching 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.

\_\_\_\_\_  
**Signature of Individual or Potential Service Provider**

\_\_\_\_\_  
**Date**