

123B.03 INFORMED CONSENT
TrekNorth Jr & Sr High School
2400 Pine Ridge Ave NW
Bemidji, MN 56601
218-444-1888

Date: _____

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

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)

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to TrekNorth Jr & Sr High School pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment as a:

- Teacher
- Substitute Teacher
- Volunteer
- Other _____

with this agency.

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** _____

are requesting 123B.03 informed consent and a check for \$15.00 is enclosed.

are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual as well. (Contributor, please check this box if requesting a federal check and attach fingerprint card, the Child Protection Background Check Consent form and a check in the amount of \$24.25 (\$20.25 for Volunteer). Please note that the federal check will take six to eight weeks to complete.

FOR OFFICE USE ONLY MAIL TO: MN DEPT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
1430 MARYLAND AVE E

ST PAUL MN 55106-2802

SENT: _____