



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 volunteer 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 volunteer work with the Academies. I understand that I will be required to undergo a new criminal history record check every 3 years and that I will not be allowed to commence my volunteer services until completion of the criminal history background check. I 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 Volunteer Policy.

Signature of Applicant

Date

NON PROFIT ORGANIZATION
ACCOUNT #T5073325410
09/2017