

Informed Consent Form

Independent School District #739
PO Box 368
100 West Highway 55
Kimball, MN 55353
320-398-7700

Date: _____

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

Full name of applicant: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to ISD #739, Kimball, Minnesota, pursuant to Minnesota Statute 123B.03 for the purpose of employment as _____ with this school district.

I understand that the school district will not permit me to commence my employment/volunteer duties until completion of the criminal history background check and acknowledge and agree that I 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 Applicant

Date