Informed Consent Form

Date:_____

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

Full Name of Applicant: _____
(please print) 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 the Business Manager of Wheaton ISD #803 pursuant to Minn. Stat. § 123B.03 for the purpose of employment as _____ with this school district.

CONDITIONAL HIRING: I understand that the Wheaton School District may permit me to commence my employment duties pending 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

The School District will forward this executed form, along with a check or money order in the amount of $15.00 payable to the "MN BCA" and a self-addressed, stamped envelope, to:

Minnesota Bureau of Criminal Apprehension
Attention: CCHID
1246 University Avenue
St. Paul, MN 55104-4197