

Serve America Act Consent Form

Organization: (Name) _____
(Street Address) _____
(City, State and ZIP) _____
(Contact Name) _____
(Telephone Number) _____

We are requesting a federal check on this individual as well.

(Please check this box if requesting a federal check and attach fingerprint card.)

A search of the Minnesota Bureau of Criminal Apprehension's (BCA) Computerized Criminal History records and the Federal Bureau of Investigation's, Criminal Justice Information Services records will be performed on you pursuant to Public Law 111-13, the Serve America Act (SAA). By signing this form you are consenting to allow the above organization to initiate a search of these criminal history records and for the BCA to share the results of those searches with the organization to determine your fitness to work or volunteer with this organization.

I authorize this check to be done.

(Signature) _____ (date) _____

The expiration of this authorization shall be one year from the date of my signature.

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 (optional): _____

Please be advised:

1. Records obtained under the Serve America Act may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints will be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).