

Sample 299F.035 Informed Consent

Company Name
Street Address
City, State and Zip
Phone
Contact Person

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 (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information pursuant to Minnesota State Statutes §299F.035 to <<City, Department or Specific Individual>> for the purpose of employment with this agency.

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

Signature of Applicant _____ Date _____

Note: This form is meant as an example of the type of informed consent that is acceptable. Your agency is responsible for designing the form to reflect the information that is needed for the Bureau of Criminal Apprehension to perform criminal history checks. Please use this sample as a guideline when creating your form.