

Sample 326.336.1 Informed Consent

Your Agency Name
Street Address
City, State and Zip
Contact Person
Phone

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): _____ **Social Security Number:** _____
(Month/Day/Year) (Optional)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to (Company Name or Specific Individual) for the purpose of employment with this agency as a (security guard, protective agent, private investigator, etc. _____) pursuant to Minnesota State Statutes §326.336.1.

Signature of Applicant: _____ **Date:** _____

This release is valid for one year from the date of my signature.

1. Records obtained under the Minnesota State Statutes §326.336.1 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 may 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).