



BACKGROUND CHECK – INFORMED CONSENT FORM

Date: _____

The following named individual has made application with the City of Hibbing for:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth: _____

Sex: Male Female

Social Security Number: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to _____ for the purpose of _____ with this agency.

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

State of Minnesota
County of St. Louis

The foregoing instrument was acknowledged before me on _____, 20____ by _____.

Signature of Notary Public