

Sample Informed Consent Form

For Criminal History Background Check
Minnesota Transitions Charter School

2872 26th Avenue South

Minneapolis, MN 55406
(612) 722-9013

Date: _____

The following named individual has made application with Minnesota Transitions Charter School (MTCS) for employment or provision of athletic coaching services or other extracurricular academic coaching services.

Full Name of Individual: _____
(please print) Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to _____
pursuant to Minn. Stat. § 123B.03 for the purpose of _____
_____ with MTCS.

CONDITIONAL HIRING: I understand that MTCS may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching services pending completion of the criminal history background check and acknowledge and agree that my employment or services 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 or Potential Service Provider

Date

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public

