

Informed Consent Form
For Criminal History Background Check
Frazee-Vergas Public Schools ISD#23
305 North Lake Street
Frazee, MN 56544
218-334-3181

Date: _____

The following named individual has made application with this School District for employment or provision of athletic coaching services or other extracurricular academic coaching services.

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

Maiden Name, Previous Name, 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 Frazee-Vergas Public School Officials pursuant to Minnesota Statute §123B.03 for the purpose of _____ with this School District.

CONDITIONAL HIRING: I understand that the School District 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

Please make your check in the amount of \$15 payable to "Frazee-Vergas Public Schools".