

Statute 123B.03 Informed Consent
Independent School District No. 548
310 S. Broadway, P.O. Box 642
Pelican Rapids, MN 56572
(218) 863-5910

Date: _____

The following named individual has made application with this School District for employment.

Full Name of Applicant: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Pelican Rapids Schools administration pursuant to Minnesota Statute 123B.03 for the purpose of employment as _____ with this School District.

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