



**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*