

**Informed Consent Form**

Informed Consent  
Northwest Suburban Integration School District  
6860 Shingle Creek Parkway, Suite 208  
Brooklyn Center, MN 55430  
763-450-1300

Date: \_\_\_\_\_

The following named individual has made application with NWSISD for employment.

Full Name of Applicant: (please print)

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 NWSISD pursuant to Minn. Stat. § 123B.03 for the purpose of employment with NWSISD.

**CONDITIONAL HIRING:** I understand that NWSISD may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I 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

\_\_\_\_\_  
Date

*NWSISD should forward this executed form, along with a check or money order in the amount of \$15.00 payable to the "MN BCA" and a self-addressed, stamped envelope, to:*

*Minnesota Bureau of Criminal Apprehension*

*Attention: CCHID*

*1246 University Avenue*

*St. Paul, MN 55104-4197*