CROWN OF LIFE SCHOOL

115 Crusader Ave | West St. Paul, MN 55118

Volunteer Background Check

123B.03 Informed Consent

Non-Profit Organization | Account Number: T514513832

Complete this form to authorize a background check for volunteer service at Crown of Life Lutheran School. Please print clearly.

1 Volunteer information

Last name

First name

Middle name (full)

Maiden, alias or former names

Date of birth (Month/Day/Year)

Sex (M or F)

Volunteer position / role

2 Authorization and signature

The individual named above has applied to volunteer with this agency.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Crown of Life Lutheran School pursuant to Minnesota State Statute 123B.03, subdivision 1, for the purpose of volunteer service in the position listed above with this agency.

Applicant signature

Date

This release is valid for one year from the date of my signature.

1. Records obtained under Minnesota State Statute 123B.03, subdivision 1, may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

2. Your fingerprints may be used to check the criminal history records of the FBI.

3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).

Return completed form to Crown of Life Lutheran School.