



St. Michael – Albertville Independent School District 885

Excellence is Our Tradition

Mail to 11343 50th St NE, Albertville MN 55301

Permission and Release Form for Background Investigations for Volunteers

Please attach a check payable to ISD 885 or cash in the amount of \$15 for the cost of the investigation

First Name		Middle Name	Last Name	
Street Address		City/Town	State, Zip Code	Gender (M/F)
Social Security Number	Date of Birth (Mo/Day/Year)		Phone Number(s)	
Former Name(s) / Alias		Date(s) of Name Change	E-mail Address	
Driver's License #		Class	State of Issuance	

I hereby authorize the St. Michael - Albertville Public Schools to obtain the following information in connection with my application for employment, or, if hired, at anytime during my employment: criminal and/or motor vehicle records, employment records, **Minnesota Bureau of Criminal Apprehension criminal history as provided for in Minnesota Statute 123B.03**, educational records, consumer reports, consumer investigative reports including credit reports obtained through a consumer reporting agency, personal references and other job related data provided on this application or via the interview process. By signing this form you are allowing the above named company/individual to access any data maintained in these files which applies under the statute and authorize this background check to be performed. I acknowledge that St. Michael - Albertville Public Schools has informed me that it may make use of this information in evaluating my application for employment, and in St. Michael - Albertville's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with St. Michael - Albertville Public Schools. I hereby authorize St. Michael - Albertville Public Schools to make use of the above referenced information and release St. Michael - Albertville Public Schools and any entity that provides information to St. Michael - Albertville Public Schools from liability in connection with this information. Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment.

Would you like a copy of the consumer report prepared on you? Yes____ No____

- California, Minnesota and Oklahoma residents are entitled to a free copy of their report.

***Have you ever been convicted of, arrested for, or charged with any criminal offense, including: petty misdemeanor, misdemeanor, gross misdemeanor, or felony? You must also disclose all traffic violations where the fine was \$100 or more. Yes ____ No ____**

If yes, please explain in some detail, including what county and state, and in what month / year:

You may also request additional information on the nature of the report upon written request to the consumer reporting agency. Mail requests should be directed to **Trusted Employees, 701 S. 5th St, Hopkins, MN 55343**. You may also receive a summary of the file by telephone at **1-888-389-4023/952-545-3953**. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file.

Listed below are addresses where I have lived in the past seven- (7) years.

Address	City, State and Zip Code	Date: From	Date: To
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Signature: _____ Date: _____