



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service - www.freeportmn.org

CRIMINAL BACKGROUND CHECK CONSENT FORM

NAME FIRST	MIDDLE	LAST
MAIDEN, ALIAS OR FORMER	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
DRIVER'S LICENSE #:	STATE:	
CURRENT ADDRESS:		
STATE TAX ID #:		
HAVE YOU LIVED IN MINNESOTA FOR AT LEAST THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS ADDRESS:		
<p>I authorize the Stearns County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, and/or the Federal Bureau of Investigations Criminal Justice Information Department to disclose all criminal history record information to the City of Freeport.</p> <ul style="list-style-type: none">➤ You have the right to be informed that the City of Freeport is requesting a Criminal Background Check to determine if you have been convicted of a crime.➤ You have the right to obtain from the Stearns County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, and/or the Federal Bureau of Investigations Criminal Justice Information Department, any records that forms the basis for this report obtained.➤ You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub. 4. <p>The expiration of this authorization shall be one year from the date of my signature.</p>		
SIGNATURE OF APPLICANT		DATE:
NOTARY PUBLIC	SUBSCRIBED AND SWORN BEFORE ME ON THIS	DAY OF: (YEAR)