St. Louis Park School District 283 6425 West 33rd Street St. Louis Park, MN 55426 952-928-6000

		Date:		
The following named individ	dual has made applicati	on with this School Dis	trict for employment.	
Full Name of Applicant: (please print)	Last	First	Middle	
Maiden, Previous, Alias:				
Date of Birth: Month/	Day/Year	Sex (M or F): _		
I authorize the Minnesota B information to pursuant to Minn. Stat. § 12	3B.03 for the purpose of	of employment as		
CONDITIONAL HIRING my employment duties pe acknowledge and agree that	G : I understand that the conding completion of	ne School District may the criminal history	permit me to commence background check and	
The expiration of this authomy signature.	rization shall be for a p	period no longer than o	ne year from the date of	
Signature of Applicant	Date			

The School District 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