



Prairie Seeds Academy
6200 W. Broadway Ave N
Brooklyn Park, MN 55428
(763) 450-1388
Fax (763) 450-1389

NON PROFIT Organization
Account # T123028555

TO: Minnesota Bureau of Criminal Apprehension
Criminal Justice Information Systems- CHA
1430 Maryland Avenue East
St. Paul, MN 55106

Date: _____

The following named individual has made application with this agency for employment.

Last Name if Applicant *(please print)*: _____

First Name *(please print)*: _____

Full Middle Name *(please print)*: _____

Maiden, Alias or Former *(please print)*: _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number: (optional) _____

I authorized the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Prairie Seeds Academy pursuant to Minnesota State Statute 123.B.03 for the purpose of employment with this agency.

The expiration of this authorization shall be a period no longer than one year from the date of my signature.

Signature of Applicant

Date

****The cost for your background check is \$8.00. Please make checks payable to MN Bureau of Criminal Apprehension.***