

## Great River School ~ Background Check

Completed form can be emailed to:

[asibert@greatriverschool.org](mailto:asibert@greatriverschool.org), faxed to 651-305-2781, mailed to the address on the form or dropped off at the school's front desk.



**Great River School**

Engaging intellect, shaping character, building community.



1326 Energy Park Drive  
St. Paul, MN 55108-5202  
Tel: 651.305.2780  
Fax: 651.305.2781  
Email: info@greatriverschool.org

**Employee/Volunteer Background Check Informed Consent**

The following named individual has made application with this agency for employment. Therefore, we are requesting a Federal and State background check to be done on the individual listed below pursuant to Minnesota State Statute 299c.62. Full cost of each background check is enclosed.

Date: \_\_\_\_\_

The following named individual has made application with this agency for the position of

\_\_\_\_\_.

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden, Alias, or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal background history to Great River School pursuant to Minnesota Statute 123B.03 subdivision 1 for the purpose of employment/volunteerism with this school. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date