

Northwoods Battered Women's Shelter
 PO BOX 563, Bemidji, MN 56619 (218-444-1395)

BACKGROUND STUDY NOTIFICATION
CONSENT AND REQUEST FOR LAW ENFORCEMENT AND AGENCY RECORDS

The Human Services Licensing Act requires that licensing agencies conduct an applicant background study (investigation) on applicants. Records will be requested from the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies. Information will also be requested from county social services agencies pertaining to report of maltreatment of children and /or adults. This information is required in order to complete an application for employment. MN Chapter 245C.04, Subd 3. Please respond as soon as possible. Thank you.

I hereby acknowledge notice that this study will be done and give my consent to any of the above-listed (named) agencies and departments to release any data of which I am the subject, whether such data of which I am the subject, whether such data is private or public. I understand that if I do not receive the results of this study within 15 working days, more time is needed to conduct the study. A photocopy of this form shall be accepted in place of the original. **Please complete this document and return it to the agency identified above.**

Last Name		First Name		Full Middle Name		Maiden/former/previous married names	
Street Address (including PO Box if applicable), City, State, Zip Code							Within City Limits?
Date of Birth	Social Security Number	Driver's License Number and State Issued		Gender	Race	County	
Phone Number: Home: (____)____-____ Work: (____)____-____ Cell: (____)____-____							

I authorize the Northwoods Battered Women's Shelter to receive information from and provide information to: MCBA, MN DHS, Social Services, and Law Enforcement. I understand that information regarding criminal history/complaints, traffic violations, any information involving allegations of fraud or sexual misconduct for the purposes of a background check completion to insure safety of clients.

I understand that no other uses or release will be made of the data except as otherwise authorized by law. I understand I am under no obligation to consent to this release and that there will be no adverse consequences to me if I choose not to sign this consent except that the information may affect Northwoods's decision to employ me. I understand that this authorization applies to records prepared before and after the date of this authorization. I understand that I may later revoke this consent only if the new use or the dissemination, which I am authorizing here, has not taken place.

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

 Signature of Consent for Record's Check

 Date

 Signature of Witness

 Date

***This section to be completed by agency furnishing information: We have no information () Information attached()**

Signature		Title	
Date		Agency	
Comments:			