## **Informed Consent Form**

For Criminal History Background Check Kenyon-Wanamingo Public Schools ISD 2172 225 Third Avenue Wanamingo, Minnesota 55983 507-789-7001

Date:			
The following named indiv	vidual has made applica	tion with this School Dis	trict for employment.
Full Name of Individual:			
(please print)	First	Middle	Last
Maiden, Previous, Alias:			
Date of Birth: Month	n/Day/Year	Sex (M or F):	
I authorize the Minnesota I information to Kenyon-W purpose of employment as	anamingo Public Scho	ols pursuant to Minn. S	•
The expiration of this authmy signature.	orization shall be for a	period no longer than one	e year from the date of
Signature of Applicant			

Return form to Kenyon-Wanamingo Schools District Office with a check issued to "MN BCA" in the amount of \$15.00. Please include "ISD 2172" in memo line of check.