

**ST. CLOUD STATE UNIVERSITY
MINNESOTA CHILD PROTECTION
BACKGROUND CHECK CONSENT FORM**

NOTE: The background check applies to any individual whether paid or volunteer, who is providing care, treatment, education, training, instruction, or recreation to children.

St. Cloud State University (SCSU)
720 Fourth Avenue South
St. Cloud, Minnesota 56301-4498

Contact Person: _____
Telephone Number: _____

_____ I am requesting a federal check on this applicant/employee/volunteer as well.
(Check this line if requesting a federal check and attach fingerprint card. This request is **required** by University policy only if the applicant/employee/volunteer has resided in Minnesota for less than five years.)

Applicant/Employee

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.60 to 299C.64. By signing this form you are allowing SCSU individuals who recommend and decide on your ability to work with children to access any criminal data maintained in these files which applies under the statute. Failure to complete and sign this form will result in no further consideration of your request to work with children or may result in termination of your current assignment.

Complete Name (printed): _____
Last First Middle

Maiden, Alias or Former Name: _____

Date of Birth: _____ Gender: ___ Male ___ Female

Social Security Number: _____

I have resided in Minnesota for less than five years. ___ Yes ___ No. If yes, a FBI as well as a Minnesota Records Check will be performed.

(Minn. Stat. §299C.60, et seq.)

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Msoffice/mydocuments/drafts/backgroundcheckconsentform