

Informed Consent for Background Check

The following named individual will be doing a field experience in a public school. The field experience request needs to be made by the course instructor. Not filling out this form completely will result in a delay getting your background check processed and the results forwarded to the appropriate facility.

Please return this completed form to **your instructor, they will turn it in to AH 119.**

This background check request is for a:

Class

Course Name & Number _____ Section # _____

Course Instructor _____ Semester/Year _____

Volunteering – Course connection: _____

Location _____

Attention (the contact person at your placement site) _____

Fax Number (if known) _____

Tech ID _____

Name (Printed) (Legal Last, First, Middle) _____

Maiden, Alias or Former _____ Phone Number _____

Date of Birth (mm/dd/yyyy) _____

Check One: Female Male

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Office of Field Experience, Minnesota State University, Mankato and to any public or private school agency where the applicant has made application for the purpose of field experience placement. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that this report may contain negative information about background, character and personal reputation and will be used solely for purposes of placement. I also understand that providing false and/or incorrect information will result in dismissal from clinical and student teaching field experiences. The expiration of this authorization shall be no longer than one year from the date of my signature.

Signature of applicant _____ **Date** _____

Note: *The background check is nontransferable and cannot be obtained or used for academic purposes other than field experience placement. Our office will not provide background information for students seeking jobs.*