

Home Dept/Employee: _____

Account Unit #: _____



**ST. OLAF COLLEGE
BACKGROUND CHECK CONSENT FORM**

Company:
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Contact:
Office of Public Safety
(507) 786-3666

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. By signing this form you are allowing St. Olaf College to access any criminal data maintained in these files that applies under the statute.

"I authorize this check to be conducted by St. Olaf College or its designees."

Signed _____ Date _____

Please PRINT IN CAPS the following information:

Complete Name: _____
Last first middle

Maiden Name: _____
Last first middle

Previous Name: _____
Last first middle

Alias (if any): _____
Last first middle

Date of Birth ____/____/____ Sex: M F Social Security # _____

Check One:

- _____ I have been a resident of the State of Minnesota for the past ten (10) years.
_____ I have not been a resident of the State of Minnesota for the past ten (10) years. (A federal check will be required including a fingerprint card).

"I understand that I have the following rights:"

- 1) the right to be informed that St. Olaf College will request a background check on me to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2;
- 2) the right to be informed by St. Olaf College of the response to the background check and to obtain a copy of the background check report;
- 3) the right to obtain any record that forms the basis for the report;
- 4) the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4; and
- 5) the right to be informed by St. Olaf College if my application to be employed or continue to be employed by St. Olaf College has been denied because of the result of the background check.