

Math & Science Academy
8430 Woodbury Crossing
Woodbury, MN 55125

Account T515787507
NON PROFIT ORGANIZATION

___ We are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual as well.

(Contributor, please check this box if requesting federal check and attach fingerprint card, the Child Protection Background Check Consent form and a check in the amount of \$8.00. Please note that the federal check will take six to eight weeks to complete)

The following named individual has made application with the agency for employment.

Last name of applicant (please print): _____

First name of applicant (please print): _____

Middle name (Full- please print): _____

Maiden name of applicant (please print): _____

Previous/Alias name of applicant (please print): _____

Date of Birth: _____ Sex (M or F): _____
Month/day/year

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the Math & Science Academy pursuant to Minnesota State Statute 123B.03 for the purpose of employment with this agency.

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

Signature of Applicant

Date