

St. Paul School District

Consent for Criminal Background Check

Your signature below authorizes St. Paul School District and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts and corrections agencies.

Please complete all the information below. Please print.

Full Legal Name: _____	Male _____	Female _____
Current Address: _____		
Other Names Used: _____		
	(Maiden, alias', legal name change, etc)	
DOB: _____	DL #: _____	State: _____
Previous Addresses in the past 7 years:		
Have you ever been convicted of any crime? Yes _____ No _____		
If yes, explain:		

Applicant's Signature: I have reviewed and completed this form as applicable to me. I give St. Paul School District permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of Applicant: _____

Signature of Witness: _____

Date: _____