**Informed Consent for Background Checks, LMC Model Form**

*Helpful background information on this model may be found in “[Background Checks: The ABCs of BCA Data”](https://www.lmc.org/resources/background-checks-the-abcs-of-bca-data/)*

**This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

*This form is the type of informed consent that is acceptable. Your city is responsible for designing the form to reflect the information that is needed for the Bureau of Criminal Apprehension (BCA) to perform criminal history checks or for your Police Department to access the BCA data base for this purpose. Please note the BCA requires the consent form to list the type of license being requested for licensees and the name of the position being applied for employment checks.*

City Name

Street Address

City, State, Zip

Phone

Contact Person

Date: \_\_\_\_\_\_\_

The following named individual has made application with this agency for \_\_\_\_\_\_\_

*If license applicant, specify the type of license (such as Peddler’s, Liquor, etc. in the space above). If it is an employment application, state the name of the position being applied for as well (example: “employment as a Street Maintenance Worker”)*

**Last Name of Applicant** (please print): \_\_\_\_\_\_\_

**First Name** (please print): \_\_\_\_\_\_\_

**Middle** (*Full*) (please print): \_\_\_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_\_\_

(Month/Day/Year)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all applicable criminal history record information to \_\_\_\_\_\_\_ *(City Name or Specific Individual*) for the purpose of \_\_\_\_\_\_\_ *[employment, licensure, etc.]* with this agency as \_\_\_\_\_\_\_, pursuant to Minn. Stat. \_\_\_\_\_\_\_

*Use Minn. Stat. § 299C.72 for general authority.*

*For § 299F.035 for criminal background checks for firefighters, use the BCA’s form:*

[*https://dps.mn.gov/divisions/bca/bca-divisions/mnjis/Documents/Firefighter\_Consent\_Form.pdf*](https://dps.mn.gov/divisions/bca/bca-divisions/mnjis/Documents/Firefighter_Consent_Form.pdf)

*For § 299C.62 criminal background checks for children’s service workers, use the BCA’s form:* [*https://dps.mn.gov/divisions/bca/Documents/Child%20Protection%20Consent%20Form.doc*](https://dps.mn.gov/divisions/bca/Documents/Child%20Protection%20Consent%20Form.doc) *.*

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**

***For those cities working with BCA to conduct a background check****: If a position, or license, is mandated by state statute to have a background check conducted (i.e., child protection worker and firefighter candidates) the applicant’s signature is not required to be notarized, but if there is no mandate for a background check, a notarized signature is required.*

***For those cities working with a local law enforcement agency to conduct a background check****: Unless the specific agency requires it, generally speaking, a notarized signature is not required.*