

Minnesota State University, Mankato
Office of Field & International Experience
119 Armstrong Hall
Mankato, MN 56001
507-389-1517

Informed Consent for Background Check

The following named individual has made application with Minnesota State University, Mankato for field experience placement. Not filling out this form completely will result in a delay getting your background check processed and the results forwarded to the appropriate facility. Instructors are asked to turn in the whole class at one time. Please return this completed form to **Armstrong Hall 119**

This background check request is for a (complete all of the information below for the class):

1. _____ Class

Course Name & Number _____ Section # _____

Course Instructor _____ Semester/Year _____

2. _____ Volunteering

Course Name & Number (if applicable) _____

Location _____

Attention (the contact person at your placement site) _____

Fax Number (if known) _____

Tech ID _____

Name (Legal Last, First, Middle) _____

Maiden, Alias or Former _____ Phone Number _____

Date of Birth (mm/dd/yyyy) _____

Check One: Female Male

Note: Background checks submitted during fall semester **will** carry over to spring semester. Background checks submitted during spring semester **will not** carry over to the following fall semester.

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.*