Informed Consent Form

East Central ISD #2580 61085 State Highway 23 Finlayson, MN 55735 320-245-2289

		Date:	
The following named individu	ual has made applica	ation with this School D	istrict for employment.
Full Name of Applicant: (please print)	Last	First	Middle
Maiden, Previous, Alias:			
Date of Birth:Month/D	ay/Year	Sex (M or F): _	
Driver's License #		SSN	
I authorize the Minnesota B record information to East Ce of employment as a/an	entral ISD #2580 pu	rsuant to Minn. Stat. § 1	123B.03 for the purpose
CONDITIONAL HIRING: my employment duties pend acknowledge and agree that I	ding completion of	the criminal history	background check and
The expiration of this authorizmy signature.	zation shall be for a	period no longer than o	ne year from the date of
Signature of Applicant	Date		

The School District should forward this executed form, along with a check or money order in the amount of \$15.00 payable to the ISD #2580.