

Informed Consent for Criminal History
Brooklyn Park Athletic Association Soccer
Brooklyn Park, MN 55444

The following named individual has made application with the Brooklyn Park Athletic Association (BPAA) Soccer Committee for a Criminal History to be done by the:

Criminal Justice Information Systems/Records
Bureau of Criminal Apprehension/CJIS
1246 University Avenue
St. Paul, MN 55401
Website: www.dps.state.mn.us/bca
Tel: 651-642-0670
Fax: 651-643-2124

Last Name of Applicant (Please Print): _____

First Name (Please Print): _____

Middle (Full Name) (Please Print): _____

Maiden, Alias or Former Name (Please Print): _____

Date of Birth: Sex: (M or F): _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Brooklyn Park Athletic Association (BPAA) Soccer Committee for the purpose of allowing me, the above named person, to referee in the Brooklyn Park Athletic Association (BPAA) Soccer League.

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 _____

All Criminal History information will be kept confidential, and will not be made available outside of the BPAA Soccer committee. It will be kept in a safe location, will be held for one year, and then it will be destroyed.