St. Cloud Area Youth Basketball Association

P.O. Box 434 St. Cloud MN 56302-0434

CRIMINAL BACKGROUND CHECK CONSENT FORM

Applicant: _____
(PLEASE PRINT FULL NAME)

A local records check of the St. Cloud Police Department/ Stearns County Sheriffs Department and A Search of the Minnesota State Criminal Records and or the Federal Bureau of Investigations Criminal Justice Information files will be performed on you. By signing this form you are allowing the St. Cloud Police Department to release the criminal data maintained in those files which applies under Statues & Ordinance.

1. You have the right to be informed that **St. Cloud Area Youth Basketball Assoc.** is requesting Criminal Background Check to determine if you have been convicted of a Crime Specified in Section 299.67, sub. 2.
2. You have the right to be informed by **St. Cloud Youth Basketball Assoc.** of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub.4.
4. You have the right to be informed by **St. Cloud Youth Basketball Assoc**. if your application for acceptance has been denied because of the results of this Background Check.

Application Information- Please Print Clearly

_____
Last Name First Name Middle Name

Have you ever been known by another name? Maiden, Aliases _____

Date of Birth _____ Gender: Male _____ Female _____ Race: _____

Driver Lic.# _____ State: _____ Social Security # _____

_____
Current Address Apt # City State & Zip **County**

Have you lived in Minnesota for at least the past 10 years? Yes ____ No____Please list complete

_____
Prior Address Apt # City State & Zip **County**

This Release shall be effective for ONE (1) year from date signed.

_____ _____
Applicant Signature Date