

# Sartell Police Department Criminal Background Check Consent Form

Applicant: \_\_\_\_\_

A local records check of the Sartell Police 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 pursuant to the lease agreement of the apartment complex to which you are applying. By signing this form, you are allowing the Sartell Police Department to release the criminal data maintained in those files which applies under Minnesota Statute(s) and/or Sartell Ordinance(s).

1. You have the right to be informed that \_\_\_\_\_ is requesting a criminal background check to determine if you have been convicted of a crime.
2. You have the right to be informed by \_\_\_\_\_ of the results of a criminal background check and to obtain a copy of the results.
3. You have the right to obtain from the Sartell Police Department and/or the Bureau of Criminal Apprehension, any records that form the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record.
5. You have the right to be informed by \_\_\_\_\_ if your application for acceptance has been denied because of the results of this background check.

## Applicant Information - PLEASE PRINT CLEARLY

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

Have you ever been known by another name (maiden/alias)? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender: Male  Female

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_

Current Address

\_\_\_\_\_

Apt #

\_\_\_\_\_

City

\_\_\_\_\_

State & Zip

\_\_\_\_\_

County

Have you lived in Minnesota for at least the past 5 years? Yes  No  If not, what state? \_\_\_\_\_

\_\_\_\_\_

Prior Address

\_\_\_\_\_

Apt #

\_\_\_\_\_

City

\_\_\_\_\_

State & Zip

\_\_\_\_\_

County

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

\_\_\_\_\_

Applicant signature

\_\_\_\_\_

Date