

# BACKGROUND CHECK CONSENT FORM

Please **TYPE OR PRINT** the following Employee/Applicant information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name (full): \_\_\_\_\_  
Maiden/Former/Alias: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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**Check One:**

- I have been a resident of Minnesota for the past ten years.**
- I have not been a resident of Minnesota for the past ten years.  
(A Federal check may be required including a fingerprint card.)**

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A search of the Minnesota State Criminal Repository and/or the Federal Bureau of Investigation's Criminal Justice information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By this statute, colleges and universities are now required to perform such checks on individuals hired or applying to be hired who have or would have the means, within the scope of their duties, to enter tenants' dwelling units. By signing this form, you are allowing Gustavus Adolphus College, by state or local law enforcement authorities, to access any criminal data maintained in these files that applies under this statute.

**I understand that I have the following rights:**

- 1. The right to be informed that the College will request a background check on me to determine whether I have been convicted of a crime specific to section 299C.67, subdivision 2.**
- 2. The right to be informed by the college of the appropriate response(s) to the background check and to obtain from the College, a copy of the background check report.**
- 3. The right to obtain from the appropriate agency any record that forms the basis for this report.**
- 4. The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.**
- 5. The right to be informed by the College if my application to be employed by Gustavus Adolphus College or to continue as an employee has been denied because of the result of the background check.**

I authorize the Minnesota Bureau of Criminal Apprehension or any other law enforcement agency to disclose all criminal history record information to Gustavus Adolphus College for the purpose of employment with this institution as a Collegiate Fellow pursuant to Minnesota State Statutes 299C.67 to 299C.71.

The expiration of this authorization shall be one year from the date of my signature.

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**Signature**

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**Date**

**Attention: Residential Life**

**Gustavus Adolphus College  
800 West College Avenue  
St. Peter, MN 56082**