

## **Informed Consent Form**

City of Hokah  
91 Mill Street / Box 311  
Hokah, MN 55941  
507-894-4990

Date: \_\_\_\_\_

The following individual has made application with this agency for

\_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Maiden, Alias or Former:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_      **Sex (M or F):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Hokah for the purpose of employment with this agency.

The expiration date of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Notary:

Mail completed form and check for \$15.00 to:

MN Bureau of Criminal Apprehension  
CJIS – Records  
1430 Maryland Avenue E  
St. Paul, MN 55106