

Grace-Trinity Community Church

1430 West 28th Street
Minneapolis, Minnesota 55408
612 872-8266

CRIMINAL RECORD CONSENT FORM

NON PROFIT Organization
Account Number: T128728266

Date _____

The following named individual has made application with this agency for _____.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full, please print): _____

Maiden, Alias or Former (please print): _____

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

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Grace-Trinity Community Church for the purpose of _____ with this agency.

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

Notary: