

Statute 123B.03 Informed Consent
Independent School District No. 548
310 S. Broadway, P.O. Box 642
Pelican Rapids, MN 56572
(218) 863-5910

Date: _____

The following named individual has made application with this School District for walking track use.

Full Name of Applicant: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Pelican Rapids Schools administration pursuant to Minnesota Statute 123B.03 for the purpose of walking track use at this School District.

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