



STATE CRIMINAL BACKGROUND CHECK RELEASE

“NONPROFIT Organization” Account: T187320058

I authorize the Minnesota Bureau of Criminal Investigation to disclose criminal history record information to Kinship of the Park Rapids Area as part of their screening procedure for individuals volunteering to serve in one-on-one, unsupervised mentor positions with community children in the public school through the Kinship program.

This authorization will expire one year from the date of my signature.

Full Name of Applicant _____
Last First Middle Maiden
or former

Date of Birth _____
Month/day/year

Signature of Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of _____.

Notary Public: