KARI KOSKINEN MANAGER BACKGROUND CHECK ACT
CONSENT FORM

Concordia College
Office of Human Resources
901 8th St. S.
Moorhead, MN 56562

Dear Concordia Employee:

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statues 299C.67 to 299C.71. By signing this form you are allowing Concordia College to access any criminal data maintained in these files.

I understand that I have the following rights:

1. the right to be informed that Concordia College will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2,
2. the right to be informed of the response to the background check and obtain a copy of the background check report,
3. the right to obtain any record that forms the basis for the report,
4. the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4, and
5. the right to be informed if the application to be employed or to continue as an employee has been denied because of the result of the background check.

☐ I have lived in Minnesota for the past ten years.

☐ We are requesting a federal check on this individual as well.

(If individual has not lived in MN for 10 years a federal background check must be conducted. For a federal check attach a fingerprint card completed at Campus Security. Please note that the federal check will take between six and eight weeks.)

Check one: ☐ Staff ☐ Student

Dept: _____ Title: _____

Last Name of Applicant: _____

First Name of Applicant: _____

Middle Name (full): _____

Maiden, Alias or Former: _____

Date of Birth: _____ Sex (M/F): _____

Social Security Number: _____

This authorization shall no longer be valid one year after the signature date.

I authorize this check to be done:

Signed: _____ Date: _____

Concordia College – Non-profit #T182993339