



**DEPARTMENTS OF THE ARMY AND THE AIR FORCE**

JOINT FORCE HEADQUARTERS MINNESOTA  
OFFICE OF THE ADJUTANT GENERAL  
20 WEST 12TH STREET  
SAINT PAUL, MN 55155

NGMN-PEH

1 June 2010

SUBJECT: Informed Consent

Date \_\_\_\_\_

The following named individual has made application with this agency for Employment:

**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 the Departments of the Army and the Air Force Minnesota Joint Force Headquarters Human Resource Office for the purpose of employment with this agency. Employment will be dependent upon results of background check.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

-----*HRO USE ONLY*-----

\_\_\_\_\_  
Human Resource Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
J2 Security Manager

\_\_\_\_\_  
Date

\_\_\_\_\_ BCA Favorable

\_\_\_\_\_ BCA Attached