

# CRIMINAL BACKGROUND CHECK CONSENT FORM

Applicant: \_\_\_\_\_  
(Please Print)

**A local records check of the Albany Police Department / Stearns County Sheriff's Department and a Search of the Minnesota State Criminal Records and/or the Federal Bureau of Investigations Criminal Justice Information files will be performed on you, pursuant with the verification of your application and in accordance with the applicable laws and statutes. By signing this form you are allowing the Albany Police Department to release the criminal data maintained in those files, which apply under Statutes & Ordinance.**

1. You have the right to be informed that the Albany Police Department is requesting a Criminal Background Check to determine if you have been convicted of a Crime.
2. You have the right to obtain from the Albany Police Department / Stearns County Sheriff's Department and/or the Bureau of Criminal Apprehension, any records that forms the basis for this report obtained.
3. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub.4.

### *Application Information – Please Print Clearly*

\_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

Have you ever been known by another name? Maiden, Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ State: \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_

Current Address	Apt #	City	State & Zip	County
-----------------	-------	------	-------------	--------

Have you lived in Minnesota for at least the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please list all addresses for the last 10 years completely – add additional sheets if necessary)

\_\_\_\_\_

Prior Address	Apt #	City	State & Zip	County
---------------	-------	------	-------------	--------

**You are being asked to provide private and/or confidential data for the purpose of evaluating an application for a Transient Merchant license. All such data that is collected by the City of Albany shall be used solely for such purpose. The data will be shared with the City of Albany Police Department, the City Administrator and City Council. Members of the public shall not have access to private or confidential data supplied by you, unless such disclosure is required by law.**

**I hereby consent to the release of my criminal history records to the Albany Police Department and the City of Albany. This consent shall be effective for ONE (1) year from date signed.**

\_\_\_\_\_

Applicant Signature	Date
---------------------	------

Subscribed and sworn before me by \_\_\_\_\_ on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public