



BACKGROUND CHECK RELEASE FORM

Date: _____

The following named individual has made application with this agency for employment.

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth (month/day/year): _____

Sex (M or F): _____ Social Security Number (optional): _____

I authorize the State of Minnesota to disclose all criminal history record information to the City of Wykoff, Fillmore County, State of Minnesota for employment with this agency.

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

Signature of Applicant: _____ Date: _____