



19 E. Exchange Street
St. Paul, MN 55101
(651) 528-8091

Date: _____

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

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

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Upper Mississippi Academy pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of volunteering with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Upper Mississippi Academy is a NON PROFIT ORGANIZATION
with account number T51-528-8091

Please print and fill out the attached form and return it to the school office, with an optional \$8 check to cover the cost of processing your background check. You will be notified once cleared. Thank you for your interest in volunteering at UMA!