BAA AUTHORIZATION FOR RECORDS CHECK

To facilitate the verification of information within your application, a criminal history check will be made with local law enforcement agencies or other repositories of criminal history data. The criminal history check may disclose both adult and juvenile records. The information you are being asked to provide will be used to assure that an accurate inquiry of the records system can be made through local law enforcement records and databases, in whatever format. You are not legally obligated to provide this information, however, we will be unable to allow you to continue in the volunteer process without the data. The information requested in this authorization is classified as private under the Minnesota Data Privacy Act and will be used for the purposes specified.

Name: _____ _____ _____
(Last) (Full First) (Full Middle)

Date of Birth: ____/____/____ **Gender:** ☐ **Male** ☐ **Female**

Race: ☐ African-American ☐ American Indian or Alaskan Eskimo ☐ Caucasian

☐ Asian ☐ Hispanic or Latino ☐ Native American or other Pacific Islander

Have you ever been convicted of a crime? Including **Sexual Abuse and/or molestation?** _____

_____

States of Residence over the last 10 years:

_____, _____, _____

Specify and other names you have gone by or have been known by. State none if inapplicable:

_____

Specify your driver's license number and state of issue:

Number: _____ State of Issue _____

Sport that you will be coaching: _____

☐ I authorize Bloomington Athletic Association to conduct the records check as specified above and, if offered a position with Bloomington Athletic Association, I authorize the conduct of an annual records check to determined my continued involvement with Bloomington Athletic Association.

Signature: _____ Date: _____

☐ I do not consent to a records check

Signature: _____ Date: _____