## AUTHORIZATION TO RELEASE INFORMATION MINNESOTA BACKGROUND CHECKS

## Please print all information clearly Information must match your provided photo ID. Once submitted, you must be fingerprinted within 2 weeks. First Name Middle Name Last Name (Maiden) Other last names I have used Date of Birth Social Security Number MN Driver's License # or MN State ID # Phone Number Current Street Address Apt.# City Zip Code State States I have lived in the last 5 years (please include year range; ie. 2000-2005) State Born In Race Eye Color Hair Color Height Weight I authorize the release of any and all information to Elk River Senior Living in their background verification of my criminal history. The Minnesota Department of Human Services, Licensing Division is authorized to release to Elk River Senior Living or its agents any personal information about me relative to the conviction, guilty plea, or nolo contender of any crime. I further understand and waive my rights of privacy in this release of information and hold harmless Elk River Senior Living and its agents from any liability in this background investigation. I agree that if any misrepresentation has been made by me herein, or the results of such investigation are not satisfactory, any offer of employment made may be withdrawn, or my employment terminated immediately. This authorization expires on year from this date. \_\_\_\_ Date \_\_\_\_ Signature of Employee