



PRINCETON YOUTH HOCKEY ASSOCIATION

Background Check Authorization

Date: _____

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

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Princeton Youth Hockey Association for the purpose of employment and volunteering with this agency.

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

Signature of Applicant _____ **Date** _____

Notary: