



1800 2ND ST NE
MINNEAPOLIS MN 55418
(612) 789- 1236
(612) 706-5555 Fax

BACKGROUND / MOTOR VEHICLE RELEASE FORM

First Name _____ Middle Name _____ Last
Name _____

Aliases/Maiden name _____

Social Security # _____ Date of
Birth _____

Address: _____

City, State & Zip _____

County _____

Driver's License #:State ID # _____ State: _____

Exp. Date _____

PCA _____ PCC (Choice) _____

**I hereby state that I have read the Background Study Privacy Notice(first page)
and have never been
convicted of any crime other than a minor traffic violation.**

Employee Signature _____

Date _____

CBC info entered by : _____

Date: _____

Date OIG Report Run _____

Status Check: _____