

Criminal History Background Check Requirements



Pine
Technical
College

Please note:

In order to be fully accepted in the Gunsmithing Program at Pine Technical College you must provide the following background check from Minnesota Bureau of Criminal Apprehension.

Directions for the Informed Consent form:

1. Fill out the enclosed **INFORMED CONSENT** form
2. Have it notarized
3. Enclose the following information with the **Informed Consent** form:
 - _____ Pine Technical College self addressed envelope (provided for you—please add the necessary postage)
 - _____ Your check or money order for \$15:00 (Made out to: MN Dept. of Public Safety—BCA)
4. Mail all information to:

Minnesota Department of Public Safety
Bureau of Criminal Apprehension-Criminal History Unit
1430 Maryland Avenue East
St Paul MN 55106


NOTE: If you have not lived in your state of address for one full year, you will need to provide this information from your previous state of residency.


IF YOU HAVE NOT BEEN A RESIDENT OF MINNESOTA FOR AT LEAST ONE YEAR, YOU WILL NEED TO GET THIS NEEDED INFORMATION FROM YOUR LAST STATE OF RESIDENCE.

Please note that any discrepancies between this form and your criminal history could result in your application to the program being voided.

You may not register for classes in the Gunsmithing program until this information is received.

Revised: February 2010

 800.521.7463/
320.629.5100

 320.629.1030

 www.pinetech.edu

 900 Fourth Street SE
Pine City, MN 55063



Equal Opportunity Employer

This document is available in alternative formats to individuals with disabilities by calling 800-521-7463 or (TTY) 320-629-1030.

Pine Technical College is an affirmative action, equal opportunity employer and educator.



Pine Technical College

INFORMED CONSENT PINE TECHNICAL COLLEGE

Dear: _____

The following named individual has made application with this agency for _____.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full and 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 PINE TECHNICAL COLLEGE for the purpose of ENTRANCE INTO THE GUNSMITHING PROGRAM with this agency.

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

Signature of Applicant

Date

Notary Signature:

RETURN TO:
Pine Technical College
900 4th Street SE
Pine City, MN 55063
ATTN: Admissions Office