Informed Consent
AVERT, INC.
301 REMINGTON STREET
FT. COLLINS, CO 80524
800-367-5933

Date:_____

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

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 Avert, Inc., for the purpose of employment as _____ with this agency.

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

_____ _____
Signature of Applicant **Date**

Notary: