UNIVERSITY OF MINNESOTA

Morris Campus

Global Student Teaching
English Language Teaching Assistant Program

600 East 4th Street
Morris, MN 56267-2132

Phone: 1-320-589-6403
Fax: 1-320-589-6401

Date: _____

The following named individual has made application with this institution for university course assignments associated with an instructional assignment, a teaching assistantship, or volunteer work in primary and secondary schools or other settings where they will work with children.

Full Name of Applicant: _____
(please print) Last First Middle

Maiden, Previous, Alias: _____
(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 the Division of Education, University of Minnesota-Morris, for the purpose of teaching or completing volunteer work with children through this institution.

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**

Subscribed and sworn to before me (date) _____

_____
Notary Public

An individual who will be teaching must provide a check in the amount of ***$15.00 made payable to BCA*** for the fee for conducting the criminal history background check. Teaching placement assignments will be based on the results of the background check.