

# CRIMINAL RECORD AUTHORIZATION AND RELEASE FORM

OCA #: T126272040

**DOWLING COMMUNITY GARDEN**  
by and through  
**MINNEAPOLIS PUBLIC SCHOOLS - Special School District No. 1**

The following named individual has made application with the Dowling Community Garden for a garden plot located on the Dowling School Building site.

Last Name of Applicant (Please print): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

First Name (Please print): \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Middle (Full) (Please print): \_\_\_\_\_

Maiden, Alias or Former (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/19      Sex:  Female  Male      Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address (Please print): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you an employee of Minneapolis Public Schools, Special School District No. 1?  Yes  No  
If you answered "yes" and a background check has been completed pursuant to your employment with Minneapolis Public Schools, you need not fill out the rest of this form; skip to the signature line at the bottom of the next page. All others complete the entire form.

Have you ever resided or worked outside the state of Minnesota?  Yes  No

If you answered "yes", list the state(s) in which you have resided and/or worked:

\_\_\_\_\_

## CRIMINAL RECORD HISTORY INFORMED CONSENT FORM

I, \_\_\_\_\_ understand that the Dowling Community  
**Applicant's Name - (Please Print)**  
Garden by and through Minneapolis Public Schools, Special School District No. 1 is seeking background check data as part of my application for a garden plot on the Dowling School building site. I acknowledge that I have been informed of my rights including:

- 1) The right to be informed that the Dowling Community Garden by and through Minneapolis Public Schools requests a background check on me to determine whether I have been convicted of any Background Check Crime (see below);
- 2) The right to be informed by the Dowling Community Garden of the response to the background check and to obtain, if I request in writing, a copy of the background check report;
- 3) The right to obtain from the agency any record that forms a basis for the report;
- 4) The right to challenge the accuracy and completeness of any information contained in the report or record under the relevant provisions of the Data Practices Act;
- 5) The right to be informed if my application for a garden plot or opportunity to continue using the garden plot has been denied because of the response.

## CRIMINAL RECORD HISTORY INFORMED CONSENT FORM

Indicate which of the following crimes you have been convicted of by checking the box in front of the crime. (Under Minnesota Statute Section 609.02, Subd. 5, a conviction is a plea of guilty or a verdict of guilty by a jury or a finding of guilty by the court.)

- |   |   |
|---|---|
| <input type="checkbox"/> Causing death of minor while committing child abuse  | <input type="checkbox"/> Criminal sexual conduct - 1st degree       |
| <input type="checkbox"/> Assault in the 1st degree  | <input type="checkbox"/> Criminal sexual conduct - 3rd degree       |
| <input type="checkbox"/> Assault in the 3rd degree  | <input type="checkbox"/> Criminal sexual conduct - 4th degree       |
| <input type="checkbox"/> Assault in the 5th degree  | <input type="checkbox"/> Malicious punishment of a child            |
| <input type="checkbox"/> Solicitation, inducement and promotion of prostitution   | <input type="checkbox"/> Receiving profit derived from prostitution |
| <input type="checkbox"/> Solicitation of children to engage in sexual conduct   | <input type="checkbox"/> Neglect or endangerment of a child         |
| <input type="checkbox"/> Controlled substance crime - 1st degree  | <input type="checkbox"/> Felony Level Assault                       |
| <input type="checkbox"/> Controlled substance crime - 2nd degree  | <input type="checkbox"/> Kidnapping                                 |
| <input type="checkbox"/> Murder   | <input type="checkbox"/> Arson                                      |
| <input type="checkbox"/> Manslaughter   | <input type="checkbox"/> Criminal Sexual Conduct                    |
| <input type="checkbox"/> Any assault crime against a minor (person under age 18)  | <input type="checkbox"/> Prostitution-Related Crimes                |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful sale of a mixture containing a controlled substance to a person under age 18 or conspiring with employing a person under age 18 to unlawfully sell a mixture containing a controlled substance.)   |   |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful possession of a narcotic drug or a mixture containing methamphetamine or amphetamine in a school zone, park zone, or a public housing zone.)   |   |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful possession of a mixture containing marijuana or tetrahydrocannabinals.)  |   |
| <input type="checkbox"/> Controlled substance crime - 4th degree (Unlawful sale of a controlled substance to a person under the age of 18, conspiring with or employing a person under age 18 to unlawfully sell a controlled substance or unlawfully selling marijuana or tetrahydrocannabinals in a school zone, park zone or public hearing zone except a small amount for no remuneration.) |   |
| <input type="checkbox"/> Engaged in prostitution with a minor or hired, offered, or agreed to hire a minor to engage in sexual penetration or sexual contact..  |   |

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For those applicants who require a background check, the following applies. I hereby authorize the Dowling Community Garden by and through Minneapolis Public Schools to obtain the following information in connection with my application for a garden plot. I acknowledge that the Dowling Community Garden by and through Minneapolis Public Schools has informed me that it may make use of this information in approving or denying my application for a garden plot. I hereby authorize the Dowling Community Garden by and through Minneapolis Public Schools to make use of the above referenced information and release the Dowling Community Garden, Minneapolis Public Schools and any entity that provides information to the Dowling Community Garden by and through the Minneapolis Public Schools from liability in connection with this information.

This authorization shall be valid for one year from the date of my signature below for the one-time completion of a background check unless I notify the Dowling Community Garden by and through Minneapolis Public Schools otherwise within one year.

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**My signature below confirms that I have read this form and certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or denial of my continued right to use my garden plot if I am assigned a garden plot.**

\_\_\_\_\_  
Name *(Please Print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date