



Informed Consent

Angelica Cantanti Youth Choirs
Member, Bloomington Fine Arts Council
1800 West Old Shakopee Road
Bloomington, Minnesota 55431
952-563-8572

Date: _____

The following named individual has made application with this organization listed above.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (Full) (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth: _____

Month/Day/Year

Sex (M or F): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Angelica Cantanti Youth Choirs Organization.

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: