

LMAA CRIMINAL HISTORY BACKGROUND RELEASE

The following named individual has made application with this agency for coaching in the _____ areas for the 2007 season.

Last Name (please print): _____

First Name: _____

Full Middle Name: _____

Date of Birth: _____

M/ F: _____

Phone: _____ **Fax:** _____ **email:** _____

Social Security Number: _____

I authorize the Bureau of Criminal Apprehension to disclose all criminal history record information to the Board of Directors of the Lake Minnetonka Athletic Association.

The expiration of this authorization shall be one year from the date of my signature.

Signature

Date

Please mail or fax this form to
Amy Barth, LMAA Secretary
4530 W. 77th Street, Ste. 250
Edina MN 55435
Fax 952-835-3117
Email: amyb@cambridge-commercial.com

The LMAA Board of Directors will review all applicants.