

**Informed Consent for BCA Local Police Background Check
Minnesota Department of Military Affairs**

Minnesota Government Data Practices Notice: Information requested on this form is governed by the *Minnesota Government Data Practices Act*, Minn. Stat., §13.04 that requires the Minnesota Department of Military Affairs (DMA) to provide you with the following notice regarding the information you provide on this form.

Purpose for requesting the data: The purpose for requesting the data is to comply with the Secretary of Defense DTM 09-012 and Homeland Security Presidential Directives requiring a Criminal Background Check policy that dictates a Local Police Background Check and National Agency Check for all non-DOD personnel requesting access to this post.

Requirements to provide requested information: You are not legally required to provide the information; however, Camp Ripley Security does not have to allow access onto the post to those who refuse to provide the information.

Identity of those who will receive the data: Camp Ripley Director of Public Safety or Camp Ripley Security Supervisor

The following named individual has made application with the DMA for:

Access to Camp Ripley

Company **Minnesota Military Museum**

Last Name of Applicant:

Full First Name:

Full Middle Name:

Maiden, Alias or Former Name(s):

Date of Birth: (DD / MM / YYYY)

Gender: Male Female

Social Security Number:

Drivers License Number:

State:

I authorize the release of this information to my unit or company which is: **Minnesota Military Museum**

I authorize the Camp Ripley Security through the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information on me to Camp Ripley Security for the purposes of allowing access onto the post for employment or other required activities. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Applicant Signature

Date

Home Address

City, State, Zip Code

----- CRTC DPS Use Below -----

Security Manager

Date

BCA Favorable

BCA Attached

ID Printed

Ten working days are required from the return of the form till the issuance of an access badge.
Return completed forms by Efax to michael.a.harris2@us.army.mil or lowell.kruse@us.army.mil.
Return completed forms by mail to Camp Ripley Security, ATTN: Michael Harris, 15000 HWY 115, Little Falls, MN 56345. For questions concerning the form call 320-616-3087.