



Leisure Education for Exceptional People

1315 Stadium Rd Ste 101, Mankato MN 56001

Phone: 507-387-5122 Fax: 507-387-1676 www.mankatoleep.org

Background Release Form

Date: _____

The following named individual has made application with this agency for (employment, volunteering, etc.)

Last Name of Applicant (please print): _____

First Name (please print): _____

Full Middle Name (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Leisure Education for Exceptional People (LEEP) for the purpose of (employment, volunteering, etc.) with this agency.

LEEP's account number for non-profit status is T073875122.

Signature of Applicant

Date

Notary: