

Property Management Office
c/o Teresa L. Walters
Property Manager
607 East Center Street PO Box 7088
Rochester, MN 55903

Date _____

CRIMINAL HISTORY CHECK

The following named individual has made application with us for residency, employment or credit.

APPLICANT INFORMATION

Full Name: _____
First Middle Last

Maiden, Alias or Former: _____

Date of Birth _____ Sex (M or F) _____ Race _____ Soc Sec # _____

Driver's License Number _____ State _____

I hereby authorize Multiple Financial Services, Inc. to conduct a search of the Minnesota Department of Public Safety – Bureau of Criminal Apprehension website to obtain public data that includes: offense, court of conviction, date of the conviction and sentence information. The expiration of this authorization shall be for a period no longer than one year from the date of my signature. I understand that I have the right to contest the accuracy and/or completeness of the record by visiting the BCA in person at the St. Paul BCA Office or by calling 651-793-2420 for more information.

Signature of Applicant

Date: Month/Day/Year

Person Requesting Information:

Printed Name and Title

Official Signature