

**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. Background Checks will be conducted through the MN BCA Public Criminal History Website per Minnesota Statute Section 13.87, subdivision 3(f).

**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

**This document contains For Official Use Only (FOUO) information which is protected under the Privacy Act of 1974 and AR 25-22, The Army Privacy Program. Do not further disseminate this information without the permission of the sender. This document contains PII (Personally Identifiable Information), per AR 25-22 PII transmitted electronically should be encrypted.**

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

Access To:  CRTC (Little Falls)  AASF #1 (St. Paul)  AASF#2 (St. Cloud)  AHATS (Arden Hills)

Access to AA&E (Unaccompanied Access)  Other (Specify):

Company

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:

Name and phone number of POC to contact when badge is ready finishing and pick-up:

*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 [jason.r.harquath.nfg@mail.mil](mailto:jason.r.harquath.nfg@mail.mil) or [jeffery.s.kloss.nfg@mail.mil](mailto:jeffery.s.kloss.nfg@mail.mil) Return completed forms by mail to Camp Ripley Department of Public Safety, ATTN: Director, 15000 HWY 115, Little Falls, MN 56345. For questions concerning the form call 320-616-3087.