



# ALEXANDRIA COLLEGE

## POLICE TRAINING & EDUCATION: BCA Background Check Form



This form must be **notarized** and a check enclosed for \$15.00 made payable to ATCC.

The following named individual has made application with this college for Police Training & Education.

Last Name: (please print) \_\_\_\_\_

First Name: (please print) \_\_\_\_\_

Middle: (full/please print) \_\_\_\_\_

Maiden, Alias, or Former: (please print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Sex: \_\_\_\_ Male \_\_\_\_ Female

Social Security Number: (Optional) \_\_\_\_\_

*I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Alexandria Technical & Community College, Police Training & Education Department, for the purpose of Police Training & Education training with this college.*

*The expiration of this authorization shall be for a period no longer than one year from the date of my signature.*

\_\_\_\_\_  
Signature of Applicant  
(do not sign until in presence of Notary)

\_\_\_\_\_  
Date

Notary:

\_\_\_\_\_  
Signature of Notary



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