



DIRECT ACCESS INTERPRETING SERVICES, Inc.
"For Quality Interpreting and Translation Services"

**Consent for Background Study
Informed Consent**

Today's Date: _____

The following named individual has made an application with **Direct Access Interpreting Services, Inc.** for _____ contract.

Last Name of Applicant (Please Print): _____

First Name (Please Print): _____

Middle Name (full if any) (Please Print): _____

Maiden Name, Alias or other names used (Please Print): _____

Address: _____ **City:** _____

Zip Code: _____ **Date of Birth:** _____ **Sex:** M ___ F ___

Social Security Number (Optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history & record information to **Direct Access Interpreting Services, Inc** for the purpose of _____ contract.
The expiration of this authorization shall be for the period of no longer than a year from the date of my signature.

Signature of Applicant

Date

Name of agency representative

Signature

Date

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