



**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: _____ Middle Name: _____ Last Name: _____
Maiden or Former Last Name (s): _____
Date of Birth: _____ Social Security Number: _____
Driver's License Number: _____ Issuing State: _____

Current Address: _____
City, State, Zip Code: _____

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Minnesota Association for Children's Mental Health (MACMH) will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check pursuant to Minnesota Statutes §299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *MACMH* any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the *MACMH* from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: MN BCA, MNJIS - CHA Unit, 1430 Maryland Ave. E. St. Paul, MN 55106.
