



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
NATIONAL BACKGROUND INVESTIGATIONS BUREAU

**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION and CRIMINAL HISTORY DATA**

PLEASE PRINT LEGIBLY –
USE COMPLETE NAME, INCLUDING MIDDLE NAME

Last Name: _____ First Name: _____ Middle Name: _____

Maiden or Former Name (s): _____

Date of Birth: _____ Sex (M or F): _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____
Street City State Zip

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the U.S. Office of Personnel Management, National Background Investigations Bureau, any information contained about me in the **Minnesota Computerized Criminal History** for the purpose of employment as a child care provider.

I hereby release the Minnesota Bureau of Criminal Apprehension and the U.S. Office of Personnel Management, National Background Investigations Bureau, 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: _____

Notary Public Signature: _____ Notary Stamp:

Date: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the U.S. Office of Personnel Management, National Background Investigations Bureau, 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 U.S. Office of Personnel Management, National Background Investigations Bureau, 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: _____

Notary Public Signature: _____ Notary Stamp:

Date: _____