



CONSENT FOR RELEASE OF INFORMATION FROM MINNESOTA STATE-WIDE DATABASE OF SUBSTANTIATED ABUSE AND NEGLECT

FEE: \$20 per check. Please include a check or money order payable to: Minnesota Department of Human Services. Return completed form and payment to: Minnesota Department of Human Services, Office of Inspector General/Background Studies Division, PO Box 64172-St. Paul, MN 55164-0172. Signature must be witnessed by a notary public.

To be completed by the person giving consent/authorization (please print.) This information is being requested solely to verify the identity of the person giving consent/authorization.

NAME(s):
(include any other names by which you have been known)
DATE OF BIRTH: SS# (optional):
CURRENT ADDRESS: CITY, STATE, ZIP
MINNESOTA ADDRESS(ES):
(City, State, Zip for each)

Authorization/Consent: I authorize the Minnesota Department of Human Services to release all records regarding substantiated reports of maltreatment involving physical abuse or neglect of minors or vulnerable adults, in which I am named as the person responsible for maltreatment.

The information will be released to:

NAME: AGENCY: NDDHS, Children & Family Services (CBCU)
ADDRESS: 600 E Blvd Ave, Dept 325 CITY, STATE, ZIP: Bismarck, ND 58505-0250
PHONE #: 701-328-2316 FAX #: 701-328-0358

This information will be used for: Employment in licensed child placement agency

Consequences:

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information;
I do not have to consent to the release of this information;
That, generally, I must give my written consent for the Minnesota Department of Human Services to give out the information;
The person or agency who gets my information may be able to pass it on to others;
If I do not consent, the information will not be released unless the law otherwise allows it;
I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released;
This consent will end one year from the date I sign it, unless the law allows for a longer period.

Signature must be witnessed by a notary public.
Acknowledged before me the ___ day of ___ 20__

Background Study Subject's Signature

Date:

Notary Public
My Commission Expires:

Parent/Guardian Signature (Subject is a minor)

[Notary stamp or seal]

Date: