



**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 have access and/or responsibility for the safety and well-being of children, the elderly, or individuals with disabilities, Washington County and the City of Hugo will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check under the National Child Protection Act/Volunteers for Children Act.

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Washington County and the City of Hugo 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, Washington County and the City of Hugo 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: _____