DATA REQUEST BY A PARENT OR GUARDIAN

Please **PRINT** all information except where a signature is required

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

MINOR CHILD/INDIVIDUAL UNDER GUARDIANSHIP

* Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

_____

* Date of birth: _____
Month (MM) Day (DD) Year (YYYY)

PARENT/GUARDIAN REQUESTING DATA

* Name: _____
Last First Middle

Address: _____
Street Apt. /Suite #

_____
City State Zip Code

Telephone: (_____) _____ Email: _____

*** DATA BEING REQUESTED** (describe below):

_____

_____

_____

_____

_____

_____

Please specify year or time period: _____

****Continue to second page for completion****

***** I would like to (check one): ☐ inspect (look at) the requested data at the BCA (no charge)

☐ receive copies of the requested data (a fee applies when page-count exceeds 200)

*** PROOF OF RELATIONSHIP** (check one):

____ I am the natural parent of the minor child identified above and that my parental rights are not terminated. I have attached a ***certified copy***** of the child's birth certificate.

____ I am the adoptive parent of the minor child identified above and that my parental rights are not terminated. I have attached a ***certified copy***** of the adoption decree.

____ I am currently the foster parent of the minor child identified above. I have attached a ***certified copy***** of the unexpired foster care contract.

____ I am currently the legal guardian of the ward identified above. I have attached a ***certified copy***** of the court order appointing me as guardian.

A ***certified copy* is a government record that has been marked as a true and correct copy by the government official responsible for maintaining it. A certification by a stamp must be initialed by the government official in ink. A certification can also be done by a raised seal impressed into the copy.

If you mail this form, you must sign below in the presence of a Notary Public and mail the *original* to:
Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106.
If you bring this form to the BCA without notarization, please be prepared to show a current, government-issued photo ID.

***** Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Signed or attested before me this _____ day of _____, 20_____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____