

Sample CCH and POR 299F.035 Informed Consent

Your Agency Name

Street Address

City, State and Zip

Contact Person

Phone

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

Maiden or Former Name (s): _____

Date of Birth: _____ Sex (M or F): _____

Social Security Number (optional): _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to <Name of Agency> any information contained about me in the **Minnesota Computerized Criminal History** pursuant to Minnesota State Statute 299F.035 for the purpose of (*volunteering, employment, etc.*) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the <Name of Agency> 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: _____

1. Records obtained under the Minnesota State Statute 299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to <Name of Agency> 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 pursuant to Minnesota State Statute 299f.035 for the purpose of (*volunteering, employment, etc.*) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the <Name of Agency> 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: _____