FOR OFFICIAL USE ONLY

MINNESOTA

REQUIRED FORMS

Minnesota Request Form (Informed Consent Release of Predatory Offender Registration and Criminal History Data)

INSTRUCTIONS FOR SUBMISSION

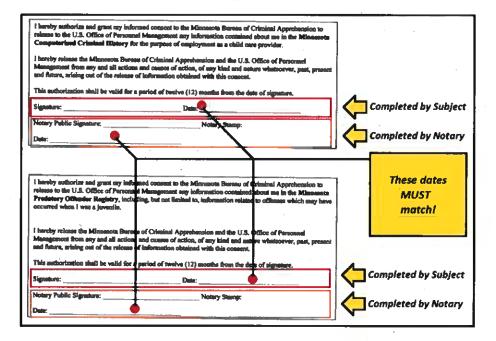
• The subject of the investigation must complete the Minnesota Request Form. This form is required to search the Minnesota State Criminal Repository and fulfill the requirements of Public Law 101-647.

REQUIRED FIELDS

- Please ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state
 repository
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SIGNATURE REQUIREMENTS

- Subject is required to date and sign both sections (Minnesota Computerized Criminal History and Minnesota Predatory Offender Registry) on the request form in front of a notary public.
- The notary's signature date must correspond with the subject's signature date. If dates differ, subject will be asked to complete another form. The authorization shall be valid for a period of (12) months from the date of signature.



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DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

INFORMED CONSENT RELEASE OF PREDATORY OFFENDER REGISTRATION and CRIMINAL HISTORY DATA

PLEASE PRINT <u>LEGIBLY</u> – USE <u>COMPLETE</u> NAME, INCLUDING <u>MIDDLE NAME</u>

Last Name:	First Name:	Middle Name:
Maiden or Former Name (s): _		
Date of Birth:	Sex (M or F): Social Se	ecurity Number:
Driver's License Number:	Issuing State:	
Current Address:		City State Zip
I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the Defense Counterintelligence and Security Agency (DCSA), 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 Defense Counterintelligence and Security Agency (DCSA), 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.		
	Nota	ary Stamp:
Date:		
I hereby authorize and grant m Defense Counterintelligence a	y informed consent to the Minnesota I nd Security Agency (DCSA), any info	Bureau of Criminal Apprehension to release to the ormation contained about me in the Minnesota nation related to offenses which may have occurred
Agency (DCSA), from any and		nd the Defense Counterintelligence and Security any kind and nature whatsoever, past, present and ponsent.
This authorization shall be vali	d for a period of twelve (12) months f	from the date of signature.
Signature:		Date:
Notary Public Signature:	Nota	ary Stamp:
Date:		