

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.**

The diagram illustrates the signature requirements for two sections of the Minnesota Request Form. Each section contains the following text:

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the U.S. Office of Personnel Management 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 U.S. Office of Personnel Management 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: _____

Notary Public Signature: _____ Notary Stamp: _____

Date: _____

Annotations on the diagram:

- Yellow arrows point to the Subject's Signature and Date fields, labeled "Completed by Subject".
- Yellow arrows point to the Notary Public Signature and Date fields, labeled "Completed by Notary".
- A yellow box with the text "These dates MUST match!" is positioned between the two sections, with lines connecting it to the Date fields of both sections.



DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION and CRIMINAL HISTORY DATA**

PLEASE PRINT LEGIBLY –
USE COMPLETE NAME, INCLUDING MIDDLE NAME

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

Maiden or Former Name (s): _____

Date of Birth: _____ Sex (M or F): _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____
Street 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.

Signature: _____ Date: _____

Notary Public Signature: _____ Notary Stamp: _____

Date: _____

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 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 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.

Signature: _____ Date: _____

Notary Public Signature: _____ Notary Stamp: _____

Date: _____