



**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 provide care, treatment, education, training, instruction, or recreation to children, Saint Paul Neighborhood Network (SPNN) will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you under MN Statutes Chapter 299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to SPNN and its partner sites 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 further authorize SPNN to conduct a separate check of the National Sex Offender Website, <http://www.nsopw.gov>, and any additional checks that may be required by the Corporation for National and Community Service. By signing the document below, I certify that my background check has initiated on this date and is submitted to all pertinent background verifiers. I further understand that selection into the program is contingent on successfully passing these checks; defined as no positive hits on the NSOPW and no history of violent offenses on the state criminal check in the state of applicant residence and the state in which the program operates.

I hereby release the Minnesota Bureau of Criminal Apprehension, SPNN, and SPNN's partner sites 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: _____

Return completed form to: MN BCA, MNJIS, CHA Unit , 1430 Maryland Ave. E. St. Paul, MN 55106.
