

Consent for release of information from Minnesota state-wide database of substantiated abuse / neglect

FEE: \$20 per check. Please include a check or money order payable to: Minnesota Department of Human Services. Return completed form and payment to: Minnesota Department of Human Services, Office of Inspector General/Background Studies Division, PO Box 64172-St. Paul, MN 55164-0172. **Signature must be witnessed by a notary public.**

To be completed by the person giving consent/authorization (please print.) This information is being requested solely to verify the identity of the person giving consent/authorization.

Name(s) (Include any other names by which you have been known)

Date of birth	SS# (optional)		
Current address	City	State	Zip

Minnesota address(es) City, State, ZIP code for each

Authorization/Consent: I authorize the Minnesota Department of Human Services to release all records regarding substantiated reports of maltreatment involving physical abuse or neglect of minors or vulnerable adults, in which I am named as the person responsible for maltreatment.

The information will be released to:

Name	Agency ND DHHS Criminal Background Check Unit		
Address 600 E. Blvd Ave, Dept 325	City Bismarck	State ND	Zip 58505-0250
Phone# 701-328-7575	Fax# 701-328-0358		

This information will be used for

Consequences

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to the release of this information
- That, generally, I must give my written consent for the Minnesota Department of Human Services to give out the information
- The person or agency who gets my information may be able to pass it on to others
- If I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

Background Study Subject's Signature	Signature must be witnessed by a notary public.
Date	Acknowledged before me the ____ day of ____ 20__
Parent/Guardian Signature (Subject is a minor)	Notary Public
Date	My commission expires: _____
	[Notary stamp or seal]