

**Pine County Health and Human Services**  
**315 Main St S., Suite 200 Pine City, MN 55063**  
**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 (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 Pine County HHS any information contained about me in the **Minnesota Computerized Criminal History** for the purpose of volunteering with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and Pine County HHS 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 Pine County HHS 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 Pine County HHS 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: \_\_\_\_\_