



**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: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to ***Lincoln International High School*** 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 in conjunction with a criminal history check pursuant to Minnesota Statutes §123B.03, Sub 1.

I hereby release the Minnesota Bureau of Criminal Apprehension and ***Lincoln International High School*** 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-CHAU, 1430 Maryland Ave E. St. Paul, MN 55106.
