RELEASE OF INFORMATION

- I authorize the release of all information of criminal convictions, arrests, reports of neglect or abuse, motor vehicle records and investigation results available from local state and national criminal history repositories, law enforcement, and social service agencies.
- I understand that this information is being requested in accordance with Minnesota Human Services Licensing Act (MN Statute §245A) and the Department of Human Services Background Studies Act (MN Statute §245C). This information shall be disclosed to McLeod County Social Service Center, 1805 Ford Ave. N Suite 100, Glencoe, MN 55336 (800)247-1756.
- I understand that this consent will expire one year after the date that I signed the form. I also understand that I may withdraw this consent by submitting a written request to McLeod County Social Service Center.

If the subject of the background study is a minor, consent must be given by the parent, guardian or authorized representative.

_____   _____

Signature   Date

IDENTIFYING INFORMATION

Name of individual for whom information is requested:

Last Name	First Name	Full Middle Name
Maiden/Previous Names/AKA's	**Birthdate**	**Social Security Number**
Street Address	**City/State/Zip Code**	**Telephone Number**

Valid Driver's License _____ Yes   State issuing Driver's License: _____
                                 _____ No   Driver's License Number: _____

PROVIDER INFORMATION

Provider Name	Type of Facility ___ Adult Foster Care ___ Family Foster Care ___ Family Day Care ___ Other: _____	
Facility Address	**City/State**	**Zip Code**

HISTORY OF RESIDENCE

List complete history of residence for the past *five* years. Please attach separate sheet if more space is needed.

City/County/State	Street Address	Dates of Residence

AGENCY RESPONSE SECTION

This section is to be completed by the law enforcement agency, social service office, Court Administrator's office, Attorney's office.

INFORMATION DISCLOSED IS AS FOLLOWS:

_____
_____
_____

Dear Applicant/License Holder:

Upon receipt of this document McLeod Social Services will initiate a background study of the person listed on the reverse side of this form. If you do not receive the results of the study within 15 working days, please be advised that more time is needed to conduct the study. McLeod Social Services will notify you once the study is complete.

Please contact your licensor at McLeod Social Service Center if you have any questions.