

INFORMED CONSENT FORM

Bureau of Criminal Apprehension
1246 University Avenue
St. Paul, MN 55104-4197

RE: Criminal Record Search

Dear Sir or Madam:

I hereby authorize the Minnesota Bureau of Criminal Apprehension to disclose all my criminal history record information to HOPE Center for the purpose of volunteering with this agency.

This authorization expires one year from the date of my signature.

Date

Signature

Signed before me this

First, Middle, and Last Name _____

_____ day of

Maiden, Alias, or Former Name _____

_____, 20_____.

Address _____

Notary Public

Date of Birth _____ Sex (M or F) _____

My Commission
Expires: _____

Social Security Nr. _____

SEND INFORMATION TO:

HOPE Center
303 First Ave. NE, Suite 365
Faribault, MN 55021

RE: Applicant Name _____

Address _____

Date of Birth _____

Criminal History:

Individual Supplying Information

Signature