



Minnesota Department of **Human Services**
**CONSENT FOR RELEASE OF INFORMATION FROM MINNESOTA STATE-WIDE DATABASE OF
 SUBSTANTIATED ABUSE AND 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 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: Betty Ramos AGENCY: Arizona Department of Economic Security/Background Investigation Unit
 ADDRESS: P.O. Box 6123 MD 85B1 CITY, STATE, ZIP: 85005
 PHONE (602) 602-679-2021 Fax #:None

This information will be used for: Employment in a licensed child care facility

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

Date: _____

Parent/Guardian Signature (Subject is a minor)

Date: _____

Signature must be witnessed by a notary public.
 Acknowledged before me the ___ day of _____ 20__

 Notary Public
 My Commission Expires: _____
 [Notary stamp or seal]