

MINNESOTA STATUTES 14.1511-15.17 ALLOWS CLIENTS ACCESS TO PRIVATE DATA RECORDS IN THEIR FILES. ACCORDINGLY, UPON REQUEST BY THE CLIENT OR HIS/HER LEGAL REPRESENTATIVE, THIS DEPARTMENT IS REQUIRED BY LAW TO PROVIDE ACCESS TO THE INFORMATION CONTAINED IN THIS FORM AND SUPPLIED AS A RESULT OF THIS REQUEST.

By signing below, I acknowledge and fully understand:

- That state and federal privacy laws protect my records and that these records can be released only if I give my written permission or if the law allows or requires it.
- That I can refuse to sign this release, but that if I do, no one in my household will be able to be authorized as a child care provider for a family that receives child care assistance.
- That I can cancel this release with written notice at any time, but that this cancellation will not affect information that has already been requested or released. If I cancel this release, it may prevent a member of my household from being authorized as a child care provider for a family receiving child care assistance.
- That this release does not authorize re-disclosure to any person or entity other than those listed above. However, information disclosed under this release may be subject to re-disclosure, including as may be required or authorized by law. Once information is provided to a person or entity other than those listed above, it is no longer protected by this release.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize County, District, and Municipal Courts, County Court Services, County Social Service Agencies, County or State Attorney's Offices, County Sheriff, City Attorney's Offices, Police Departments, all Chiefs of Police for municipalities in which I have resided, the State Department of Corrections, the Bureau of Criminal Apprehension, and the National Crime Information Center to release information identified in connection with the evaluation of my application to be a legally non-licensed caregiver. Each member of my household signing this form grants the same authorization.

Where applicable: Pursuant to MS245A.04, Subd.3, Part 9543.0040, Subp3, B-3, and Part 9543.3060, Subp.2-C, Becker County Human Services is hereby requesting the JUVENILE COURT RECORDS of the juvenile listed on this application.

This information will be released to Becker County Human Services, 712 Minnesota Avenue, Detroit Lakes, MN 56501.

A search for information may be conducted through the National Control Information Center (NCIN), Bureau of Criminal Apprehension (BCA), and local records.

As per Minnesota Rule 3400.0120, subp. 2, A4, I hereby authorize Becker County Human Services to release information on substantiated parental complaints concerning the health and safety of children in my care, to be disclosed to the public according to Minnesota Statutes, Chapter 13.

NATURE OF INFORMATION TO BE DISCLOSED

All felony convictions and the following criminal history conviction data for the offenses listed below as referred to in the Criminal Code 1963 as amended, Minnesota Statutes, Section 609.01 et seq.

HOMICIDES, SEX CRIMES, ARSON, INCEST, CRIMES AGAINST PERSONS, CRIMES OF COMPULSION, THEFT & BURGLARY, OBSCENE TELEPHONE CALLS

I hereby give my permission to release information regarding convictions and information relating to any act of assault, child/adult abuse, battering, neglect, and sexual abuse in addition to the information listed above.

Signature of Person Being Studied Date

Expiration of this Document is one (1) year from above date.

A photo copy of this form shall be accepted in place of the original.

If minor, Signature of Parent or Guardian of Person Being Studied Date

PLEASE RETURN THIS COMPLETED FORM TO:

Karol Berg
Becker County Human Services
712 Minnesota Avenue Detroit Lakes, MN 56501