123B.03 and the Minnesota Predatory Offender Registry INFORMED CONSENT



The following named individual has made application forganization.	• •
organization,	City
which utilizes The McDowell Agency to run criminal b	ackground checks.
Last Name of Applicant (please print):	
First Name (please print):	
Middle (full) (please print):	
Maiden, Alias or Former (please print):	
Date of Birth:	Sex (M or F):
I authorize the Minnesota Bureau of Criminal Appreher information to The McDowell Agency and to Name of State	nsion to disclose all criminal history record
pursuant to Minnesota State Statute 123B.03 for the pur the organization named above which utilizes the service	rpose of employment or volunteer service at
This release is valid for one year from the date of my si	gnature.
Signature of Applicant	Date
I hereby authorize and grant my informed consent to the Apprehension to release to The McDowell Agency and	e Minnesota Bureau of Criminal to
any information contained about me in the Minnesota lbut not limited to, information related to offenses which	
I hereby release the Minnesota Bureau of Criminal App the from a Name of school or parish	brehension and The McDowell Agency and any and all actions and causes of action, of
any kind and nature whatsoever, past, present and future obtained with this consent.	e, arising out of the release of information
This release is valid for one year from the date of my si	gnature.
Signature of Applicant	Date