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



organization.	in
organization,	City
which utilizes The McDowell Agency to run criminal ba	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: MM/DD/YYYY	Sex (M or F):
I authorize the Minnesota Bureau of Criminal Apprehens information to The McDowell Agency and to	sion to disclose all criminal history record
pursuant to Minnesota State Statute 123B.03 for the purp the organization named above which utilizes the services	pose of employment or volunteer service at
This release is valid for one year from the date of my sig	gnature.
Signature of Applicant	Date
I hereby authorize and grant my informed consent to the Apprehension to release to The McDowell Agency and t	Minnesota Bureau of Criminal
any information contained about me in the Minnesota P but not limited to, information related to offenses which	
I hereby release the Minnesota Bureau of Criminal Appr the from an	rehension and The McDowell Agency and my and all actions and causes of action, of
any kind and nature whatsoever, past, present and future.	arising out of the release of information
obtained with this consent.	, mining out of the release of information
This release is valid for one year from the date of my sig	gnature.
Signature of Applicant	Date