MINNESOTA DEPARTMENT OF PUBLIC SAFETY

BUREAU OF CRIMINAL APPREHENSION

CRIMINAL JUSTICE INFORMATION SYSTEMS SECTION

1430 Maryland Ave E, St. Paul, MN 55106

(651) 792-2400

Criminal History Record information maintained by this agency is classified as Private Data. Minnesota State Statute 13.05, subdivision 4, requires that the subject of Private Data give his or her informed consent prior to dissemination of this data to any person or agency. Paragraph (d) of this statute states in part that:

“Informed consent shall not be deemed to have been given an individual subject of data by the signing of any statement authorizing any person or agency to disclose information about him or her unless the statement is:

1. In plain Language;
2. Dated;
3. Specific in designating the particular persons or agencies the data subject is authorizing to disclose information about him or her;
4. Specific as the nature of the information he or she is authorizing to be disclosed;
5. Specific as to the persons or agencies to whom he or her is authorizing information to be disclosed;
6. Specific as the purpose or purposes for which the information may be used by any of the parties named in clause (5), both at the time of the disclosure and at anytime in the future;
7. Specific as to its expiration date which should be within a reasonable period of time, not to exceed one year except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.”

This agency further requires that the informed consent be NOTARIZED to ensure the validity of the signature. If your agency is mandated by State statute to conduct criminal background checks please include the statute on your form and notarization is not required. Also, in order to conduct a search of our files, we must have the subject’s Full Name, Sex and Date of Birth. A sample form is attached.

As a non-profit organization you are eligible to receive record checks at the reduced fee of $8.00. In order to qualify for this reduced rate you must provide proof of your non-profit status in the form of a copy of the notice provided to you by the Internal Revenue Service that verifies your organization is classified as a 501(c)(3) organization. In addition, you will be required to include a unique number (account number) followed by “Non-Profit” on all requests that are submitted (see sample form). This number will be assigned after we have received documentation verifying your non-profit status. Make checks payable to the MN BCA. Cash should not be sent by mail. A SELF-ADDRESSED, stamped envelope must be included or your request will be returned.

**PLEASE SIGN IN FRONT OF A NOTARY. TCC COVERS THE COST OF ALL BACKGROUND CHECKS. THANKS!**

Informed Consent

The Connect Center

P.O. Box 73

Bayport, MN 55003

T128748823

NON-PROFIT ORGANIZATION

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following named individual has made application with this agency for \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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):

Month/Day/Year

**Social Security Number** (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to St. Croix Family Resource Center for the purpose of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with this agency.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant Date**

Notary Signature/Seal: