



Minnesota Department of **Human Services**

Consent/Authorization for Release of Information
From Federal Bureau of Investigation, National Crime Information Databases
To Private Child Placing Agency

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: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP _____

SOCIAL SECURITY NUMBER: _____ (optional)

Authorization/Consent: I authorize the Minnesota Department of Human Services to release any information obtained as a result of a search of the Federal Bureau of Investigation's national crime information databases.

This information is being requested as part of a background study initiated by a private child placing agency to determine eligibility for child foster care licensure and/or adoptive placement.

The information will be released to:

NAME: _____ PRIVATE AGENCY: _____

AGENCY ADDRESS: _____ PHONE #: _____

Consequences: I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information;
- That, generally, I must give my written consent for DHS to give out the information;
- If I do not consent, the information will not be released unless the law otherwise allows it;
- I do not have to consent to the release of this information, however if I do not consent, the required background study process will not be completed;
- 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.

Signature of individual giving consent

Date



Minnesota Department of **Human Services**

INSTRUCTIONS: Consent/Authorization for Release of Information From Federal Bureau of Investigation, National Crime Information Databases To Private Child Placing Agency

As required in Minnesota Statutes, section 245C.05, every adult subject of an Adam Walsh background study related to private agency adoptions or child foster care licensed through a private agency must provide DHS with a signed consent for the release of any information received from the FBI national crime information databases to the private agency that initiated the background study.

Submit the signed consent form along with fingerprint cards, receipt for obtaining fingerprints, and the Initial Adam Walsh ID form to:

Department of Human Services – Division of Licensing
Attn: Background Studies
PO Box 64242
St. Paul, MN 55164-0242