

Consent for release of information from Minnesota state-wide database of substantiated abuse / neglect

FEE: \$20 per check. Please include a check or money order payable to: Minnesota Department of Human Services. Return completed form and payment to: Minnesota Department of Human Services, Office of Inspector General/Background Studies Division, PO Box 64172-St. Paul, MN 55164-0172. **Signature must be witnessed by a notary public.**

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(s) (Include any other names by which you have been known)

Date of birth	SS# (optional)		
Current address	City	State	Zip
Minnesota address(es) City, State, ZIP code for each			

Authorization/Consent: I authorize the Minnesota Department of Human Services to release all records regarding substantiated reports of maltreatment involving physical abuse or neglect of minors or vulnerable adults, in which I am named as the person responsible for maltreatment.

The information will be released to:

Name	Agency		
Larissa McDaniel	Kansas Department of Health & Environment		
Address	City	State	Zip
1000 SW Jackson, Ste. 200	Topeka	KS	66612
Phone#	Fax#		
785-296-1270	785-559-4244		

This information will be used for

Background check related to CCBG; named individual lives, works, or volunteers in a child care facility.

Consequences

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

- Why I am being asked to release this information
- I do not have to consent to the release of this information
- That, generally, I must give my written consent for the Minnesota Department of Human Services to give out the information
- The person or agency who gets my information may be able to pass it on to others
- If I do not consent, the information will not be released unless the law otherwise allows it
- 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, unless the law allows for a longer period.

Background Study Subject's Signature	Signature must be witnessed by a notary public.
Date	Acknowledged before me the ___ day of _____ 20__
Parent/Guardian Signature (Subject is a minor)	Notary Public
Date	My commission expires: _____
	[Notary stamp or seal]