



**Please note, the BCA does not permit the use of electronic signatures for this form, you must physically sign & then upload or turn in the hard copy of the completed document.**

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

The following named individual has made application for employment or volunteer service with an organization, Benilde-St. Margaret's School, Saint Louis Park, Minnesota  
*Name of school or parish* *City*  
 which utilizes The McDowell Agency to run criminal background 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 Apprehension to disclose all criminal history record information to The McDowell Agency and to Benilde-St. Margaret's School \_\_\_\_\_  
*Name of school or parish*

pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to Benilde-St. Margaret's School \_\_\_\_\_  
*Name of school or parish*

any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the Benilde-St. Margaret's School \_\_\_\_\_ from any and all actions and causes of action, of  
*Name of school or parish*

any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_