MACCRAY Public School
711 Wolverine Drive
Clara City, MN 56222
320-847-2154

INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER REGISTRATION and CRIMINAL HISTORY DATA

PLEASE PRINT LEGIBLY-
USE COMPLETE NAME, INCLUDING MIDDLE NAME

Last name:_____ First Name:_____ Middle Name:_____

Maiden or Former Name(s):_____

Date of Birth:_____ Sex (M or F):_____ Social Security Number (optional):_____

Driver's License Number:_____ Issuing State: _____

Current Address:_____

City, State, Zip Code:_____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to MACCRAY School District #2180 any information contained about me in the Minnesota Computerized Criminal History pursuant to Minnesota State Statue 123B.03, subdivision 1for the purpose of (volunteering, employment, teacher, bus driver, etc.) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the MACCRAY School District #2180 from any 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.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature:_____ Date:_____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to MACCRAY School District #2180 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 pursuant to Minnesota State Statue 123B.03, subdivision 1 for the purpose of (volunteering, employment, teacher, bus driver, etc.) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the MACCRAY School District #2180 from any 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.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature:_____ Date:_____

Please send a self-addressed, stamped envelope to:
Minnesota Bureau of Criminal Apprehension, Criminal Justice Information Systems – CHA
1430 Maryland Ave. E.
St. Paul, MN 55106
Enclose a personal check, money order, cashier's check, certified or business check made payable to MN BCA in the amount of $15.00.