



BENTON COUNTY HUMAN SERVICES

531 Dewey St.
P.O. Box 740
Foley, MN 56329

320-968-5087
1-800-530-6254
Fax: 320-968-5330
TDD# 320-968-8842

Authorization for Release of Criminal and Social Service Information Initial Background Study

Requested by (full name): _____ Extension # _____

I hereby authorize Benton County Human Services to conduct a background study on me for the purpose of:

- Child Placement (MS Statute 260C.206)
- Child Placement Exigent Circumstances (MS Statute 260C.209 Sub 3) (fingerprints must be submitted within 15 calendar days of the name based check)
- Daycare (MS Statute 245C.03 Sub 1) (MS Statute 245C.11 Sub 3) (Licensed & Legal Non-Licensed)

The information on this form will be released to the various agencies listed on this release form. I hereby authorize the Bureau of Criminal Apprehension, a county attorney, a county sheriff and/or chief of police department to provide to the Commissioner, the director of any local agency responsible for licensing, or their representatives, all criminal conviction data, arrest information, reports regarding abuse or neglect of children or adults, and investigative results available from local, state and national criminal history record repositories including the criminal justice data communications network.

This authorization will expire one year from the date on which it is signed. If I refuse to sign or cancel this release, Benton County may deny the application or revoke or suspend a license or disqualify a person. A photocopy or facsimile (FAX) of the Authorization shall be valid as the signed original.

I hereby acknowledge that the information supplied by myself is true, correct and complete.

Signature: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION

Last Name: _____ First Name: _____ Full Middle Name: _____

Male or Female Maiden and/or Previous Names Used: _____

Date of Birth: _____ Social Security Number: _____ Phone Number: _____

Drivers License Number: _____ County: _____

Address: _____ City: _____ Zip _____

Are you an employee, volunteer, family member or substitute for a licensed facility? _____

If yes, for whom: _____

Have you lived @ your current address for the past five years? Yes or No

If No, List all other addresses where you have lived for the past five years:

1. _____ County: _____
2. _____ County: _____
3. _____ County: _____

If you do not hear a response in 15 days or less, more time is needed to complete the study.

This Side is to be Completed by Agency Staff.

Date of Check _____ Agency _____

Checked by _____ Title _____

No Information Found _____ Information Found and Enclosed _____

Date of Check _____ Agency _____

Checked by _____ Title _____

No Information Found _____ Information Found and Enclosed _____

Date of Check _____ Agency _____

Checked by _____ Title _____

No Information Found _____ Information Found and Enclosed _____

A photocopy of this authorization will be treated in the same manner as an original.