



**INFORMED CONSENT  
RELEASE OF PREDATORY OFFENDER  
REGISTRATION DATA**

Non Profit Organization  
Account #T632387813



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden or Former Last Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Irondale Basketball Association will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you under MN Statutes Chapter 299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *Irondale Basketball Association* 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 *Irondale Basketball Association* 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: \_\_\_\_\_

**Return completed form to: MN BCA, MNJIS, CHAU , 1430 Maryland Ave. E. St. Paul, MN 55106.**

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