



St. Peter's Catholic School

34 Main Street, PO Box 357

Hokah, MN 55941

(507) 894-4375

INFORMED CONSENT RELEASE OF PREDATORY OFFENDER REGISTRATION (POR) DATA

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, **St. Peter's Catholic School** will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check pursuant to Minnesota Statutes §123b.03

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the **St. Peter's Catholic School** 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 **St. Peter's Catholic School** 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 - CHA Unit

1430 Maryland Ave. E.

St. Paul, MN 55106

* Forms must be mailed with a stamped envelope addressed to:

St. Peter's Catholic School 34 Main St PO Box 357 Hokah, MN 55941

This form must be sent with **MN BCA Background Check Consent Form**

A family of learners trying to live like Jesus in our school, homes, and community.