

JUVENILE BACKGROUND CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Blue Earth County and/or _____ County Court Administrator's Office to release my juvenile records relating to the application for licensure or renewal of licensure for:

- Day Care Foster Care Adult Foster Care

Last Name First Name Middle Name

Previous Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

This release expires one year from the date of signature.

Your signature: _____ Date: _____

Parent's signature: _____ Date: _____

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Disseminate information to Blue Earth County Human Services, 410 S. Fifth Street, P.O. Box 3526, Mankato, Minnesota, 56002-3526.

Day-Care Licensors, Holly Holland _____

Foster Care Licensors, Joanna Petersen _____

Adult Foster Care Licensors,
Carole Anderson, Maureen Sop _____

Day-Care Assistance Staff,
Bonnie Frisk, Cindy Kenne _____

The authority to request this information is cited in the Human Services Licensing Act of 1987, Section 245A.04, Subd. 3, for day care, foster care, and adult foster care licensing.

(OVER)

