123B.03 and the Minnesota Predatory Offender Registry
INFORMED CONSENT

THE MCDOWELL AGENCY, INC.
INVESTIGATION & PRE-EMPLOYMENT SCREENING

The following named individual has made application for employment or volunteer service with an organization, Holy Trinity Parish in South St Paul ,
Name of school or parish *City*

which utilizes The McDowell Agency to run criminal background checks.

Last Name of Applicant (please print):_____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____
MM/DD/YYYY

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to Holy Trinity Parish
Name of school or parish

pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

Signature of Applicant_____ **Date**_____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to Holy Trinity Parish
Name of school or parish

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 McDowell Agency and the Holy Trinity Parish from any and all actions and causes of action, of
Name of school or parish

any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

Signature of Applicant_____ **Date**_____