

# 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: \_\_\_\_\_

\* \* \* \* \*

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.

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