



City of Grand Rapids
420 North Pokegama Avenue
Grand Rapids, MN 55744
(218) 326-7600

INFORMED CONSENT
RELEASE OF
CRIMINAL HISTORY DATA

PLEASE PRINT LEGIBLY –
USE COMPLETE NAME, INCLUDING MIDDLE NAME

Last Name: _____ First Name: _____ Middle Name: _____
Maiden or Former Name(s): _____
Date of Birth: _____ Sex (M or F): _____
Social Security Number (optional): _____
Driver's License Number: _____ Issuing State: _____
Current Address: _____
City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Grand Rapids Police Department to release to City of Grand Rapids any information contained about me in the **Minnesota Computerized Criminal History**.

I hereby release the Minnesota Bureau of Criminal Apprehension and the City of Grand Rapids 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: _____

Notary Public Signature: _____ Notary Stamp:

Date: _____

I hereby authorize and grant my informed consent to the Grand Rapids Police Department to release to the City of Grand Rapids 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 City of Grand Rapids 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: _____

Notary Public Signature: _____ Notary Stamp:

Date: _____