

CCH and POR 299F.035 Informed Consent  
**Hermantown Volunteer Fire Department**  
**5111 Maple Grove rd.**  
**Hermantown, MN. 55811**  
**Chief Mike Marshall**  
**Office – 218-729-3663**  
**Cell – 218-590-8891**

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 Minnesota Bureau of Criminal Apprehension to release to Hermantown Volunteer Fire Department any information contained about me in the **Minnesota Computerized Criminal History** pursuant to Minnesota State Statute 299F.035 for the purpose of (volunteering, employment, etc.) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the <Name of Agency> 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: \_\_\_\_\_

1. Records obtained under the Minnesota State Statute 299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Hermantown Volunteer Fire Department 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 pursuant to Minnesota State Statute 299f.035 for the purpose of (volunteering, employment, etc.) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the <Name of Agency> 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: \_\_\_\_\_