

Breanna's
Gift



AN ARTS PROGRAM FOR CHILDREN WITH
CANCER & OTHER SERIOUS ILLNESSES

**AUTHORIZATION FOR RELEASE
OF CRIMINAL HISTORY RECORD INFORMATION**

To: BCA/Department of Records, St. Paul, MN 55104
From: Breanna's Gift Non-Profit Organization – Account # 6128719075
Re: Data Request for

PLEASE PRINT

Last _____ First _____ Middle _____

Former or Maiden Name _____

Street Address _____ County _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Sex M F

I authorize the Minnesota Bureau of Criminal Apprehension, pursuant to Minnesota State Statute 13.05, subd. 4, to release to: Breanna's Gift 1010 West State Street, Suite 124, Minneapolis, MN 55408 all Criminal History Record Information maintained by your agency without exception.

This information is being released for the purpose of obtaining employment; or acting as a volunteer; or as an independent contractor due to possible involvement with vulnerable minor children. This information will be confidential. The expiration of this authorization shall be one year from the date of my signature.

Signature of the person who is the subject of the data request.

Signature

Date

NOTARIZATION IS REQUIRED

Date

Breanna's Gift
1010 West Lake Street
Suite 124
Minneapolis, MN 55408
Telephone (612) 730-6560
info@breannasgift.org