☐ Volunteer
☐ Staff

WE CAN RIDE

AUTHORIZATION FOR RELEASE OF INFORMATION

To assist in the evaluation of my application, I authorize the release of the following kinds of information: criminal record, driving record, misdemeanor/felony record(s), maltreatment of minors/child abuse record. I authorize the Minnesota Bureau of Criminal Apprehension and the appropriate social service, court services, and corrections agencies in counties in which I have resided for the previous five (5) years to release to Hennepin County Community Corrections any data of which I am the subject, whether such data be public or private. I also authorize Hennepin County Community Corrections to obtain other reference information for the purpose of assessing my application.

NAME: _____
last first full middle

DATE OF BIRTH: _____ GENDER: _____
month/day/year

DRIVER'S LICENSE NUMBER: _____

NAME AS IT APPEARS ON DRIVER'S LICENSE: _____

RACIAL IDENTIFICATION:

☐ Black/African American ☐ Caucasian ☐ Latino/Hispanic American
☐ Native/North American Indian ☐ Pacific Islander/Asian American
☐ Other than these listed: _____

OTHER NAMES BY WHICH YOU HAVE BEEN/OR ARE NOW KNOWN:

_____

_____

Have you even been convicted for a violation other than a minor traffic offense? ☐Yes ☐No
(Report all convictions - past and present. Convictions may not automatically disqualify you)

If yes, what was your offense? _____

Date convicted? _____ End date of probation/parole or court jurisdiction: _____

Are you currently involved in a court matter in Minnesota or any other jurisdiction? ☐yes ☐no

Do you have a close friend or family member currently under any type of court jurisdiction, and/or in any correctional/placement/institution/facility? ☐yes ☐no

If yes, please list name(s) and relationship(s): _____

List where you have lived the past five (5) years other than Hennepin County: _____

_____

Are you now or have you ever been involved with child protection or social services authorities in Hennepin County or any other jurisdiction? ☐yes ☐no If yes, list dates and circumstances:

_____

I declare that the preceding information is true and correct to the best of my knowledge. I understand that this release will remain
in effect for one year from the date noted below.

_____
Signature *Date*