



Saint Louis County

Public Health and Human Service Department • www.co.st-louis.mn.us

Ann M. Busche
Director

NOTIFICATION FOR RELEASE OF INFORMATION

You are hereby informed that the Local Police Departments, St. Louis County Sheriff's Department, Local City Attorney's Office, Arrowhead Regional Corrections, or the St. Louis County Investigative Unit will be contacted for information in connection with the evaluation of the volunteer application or continued volunteer service.

NATURE OF INFORMATION TO BE DISCLOSED

St. Louis County Public Health & Human Services authorizes disclosure of all criminal convictions, arrest information, reports regarding abuse or neglect, and investigation results available from local, state, and national criminal history record repositories on all prospective volunteers who may have unsupervised access to children or vulnerable adults receiving services from the St. Louis County Public Health & Human Services Department. The disclosure of information is authorized only after notice is given to the subject of the data. Adult and juvenile court history and social service histories will also be checked in accordance with St. Louis County Public Health & Human Services Volunteer Program Policy.

DISCLOSURE

The information will be disclosed to:

- The St. Louis County Public Health & Human Services Department Volunteer Drivers Program staff
320 West Second Street, Duluth, MN 55802-1495; Duluth Office
307 First Street South; P.O. Box 1148, Virginia, MN 55792-1148; Range Office

Coordinator handling request for information: **Please check name of your Volunteer Driver Coordinator.**

- Candy Bruno, 726-2193; Sandy Perko, 749-7155; Kathy Pettit, 726-2157

**I hereby acknowledge that I have been notified of and understand the right to disclosure of information.
This release will expire two (2) years from date signed by the data subject.**

Signature of Data Subject

Date

St. Louis County Volunteer Driver Services region: North South

Identifying Information: New Subject
 Renewal

Are you a U.S. Citizen? Yes No

Legal Name (no nicknames) of individual on whom information is requested (please print)

Last Name First Name Full Middle Name

Address: _____
Street Address, City, State, Zip

Phone Number: _____
(include area code)

Maiden/previous name(s):

Last Name First Name Full Middle Name

Last Name First Name Full Middle Name

Last Name First Name Full Middle Name

What was the date of your last name change? (i.e., Marriage/Divorce) _____

Date of Birth Drivers License # (or MN ID#) Social Security # (optional) Sex

Racial/Ethnic Group: American Indian Hispanic Caucasian Asian or Pacific Islander
(optional) Other: _____
(you may check more than one)

List addresses of residence for the past 5 years:

County Address City State Zip Dates (mo/yr)

This Section is to be completed by the Local Police Departments, St. Louis County Sheriff's Department, Local City Attorney's Office, Arrowhead Regional Corrections, St. Louis County Investigative Unit, or St. Louis County Social Services.

Information Disclosed is as follows:

