

AUTHORIZATION FOR RELEASE OF INFORMATION FROM COUNTY PROTECTION SERVICES

I hereby authorize _____ County (county of residence) to release to the East Side Learning Center any and all information from current and/or past protection services cases, substantiated and/or unsubstantiated, involving me or my minor family members.

This information, when received by the East Side Learning Center, will not be released to persons or agencies other than the East Side Learning Center without my specific permission.

Signature of Applicant Date

PLEASE PRINT THE FOLLOWING INFORMATION

First Middle Last Date of Birth

Maiden and/or other names you are known by: _____

Address: _____
Street City State Zip

County: _____ Length of Residence: _____

Previous Address: _____
Street City State Zip

County: _____ Length of Residence: _____

TO BE COMPLETED BY COUNTY PROTECTION SERVICES

Background check completed for:

Maltreatment of Children:

No Record

Record (s) attached

Signature / Title

Date

Maltreatment of Vulnerable Adults:

No Record

Record (s) attached

Signature / Title

Date

RETURN TO: East Side Learning Center, 740 York Avenue, St. Paul, MN 55106

CHILD PROTECTION ACT BACKGROUND CHECK

**East Side Learning Center
740 York Avenue
St. Paul, MN 55106
(651) 793-7331**

ACCOUNT NUMBER – NONPROFIT ORGANIZATION T517937331

Because the position for which you are applying will require you to provide one-on-one tutoring to children, the East Side Learning Center will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.) _____ Yes _____ No

Background Check Crimes

Murder Felony Level Assault Kidnapping
 Criminal Sexual Conduct Manslaughter Arson
 Any Assault Crime against a minor Prostitution related Crime
 Any of the following Child Abuse Crimes committed against a minor victim, constituting a violation of Minnesota Statutes Sections:

609.185(.5) Murder in the 1st Degree	609.352 Solicitation of Children to Engage in Sexual Conduct
609.221 Assault in the 1st Degree	609.377 Malicious Punishment of a Child
609.222 Assault in the 2nd Degree	609.378 Neglect or Endangerment of a Child
609.223 Assault in the 3rd Degree	152.021, subd. 1,(4) Controlled Substance Crime in 1st Degree
609.224 Assault in the 5th Degree	152.022, subd. 1,(5) or (6) Controlled Substance Crime in 2nd Degree
609.2242 Domestic Assault	152.023, subd.1,(3) or (4) Controlled Substance Crime in the 3rd Degree
609.322 Solicitation, Inducement and Promotion of Prostitution	152.023, subd. 2,(4) or (6) Controlled Substance Crime in the 3rd Degree
609.324 Other prohibited acts of Prostitution	152.024, subd. 1,(2),(3) or (4) Controlled Substance Crime in the 4th Degree
609.342 Criminal Sexual Conduct in the 1st Degree	
609.343 Criminal Sexual Conduct in the 2nd Degree	
609.344 Criminal Sexual Conduct in the 3rd Degree	
609.345 Criminal Sexual Conduct in the 4th Degree	

As the subject of a Child Protection background check, your rights include:

- to be informed that the **East Side Learning Center** will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
- to be informed of the BCA's response and obtain a copy of the report from the **East Side Learning Center**
- to obtain from the BCA any record that forms the basis for the report, and
- to challenge the accuracy and completeness of any information contained in the report, and to be informed whether the **East Side Learning Center** has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

Last Name (please print) _____

First Name (please print) _____

Middle Name (please print) _____

Maiden, Alias or Former (please print) _____

Date of Birth _____ Sex (M or F) _____

Month/Day/Year

Social Security Number _____

Signature _____ Date _____