

PLEASE LIST ALL OTHER ADULTS LIVING IN THE HOME AND ALL MINORS 13-18 YEARS OF AGE
Please print full names on line 1 to 4 and also sign below line 4.

1. _____
 Last Name First Middle Maiden Name Date of Birth Sex Race Date

2. _____
 Last Name First Middle Maiden Name Date of Birth Sex Race Date

3. _____
 Last Name First Middle Maiden Name Date of Birth Sex Race Date

4. _____
 Last Name First Middle Maiden Name Date of Birth Sex Race Date

 Signature of #1 Signature of #2 Signature of #3 Signature of #4

Attach additional sheets if necessary.

I understand that signing this form authorizes Isanti County Family Services to obtain any and all private and public information regarding maltreatment reports, arrests, investigations and/or criminal convictions in regard to myself, and authorizes those agencies to release such information.

Signature: _____ Date: _____

This Consent for Release of Information expires in one year.
 This Consent for Release of Information may be revoked. Such revocation must be in writing to be valid.

Return this form to: **Kelli Klein, SW**
 Isanti County Family Services
 Oakview Office Complex
 1700 East Rum River Dr S, Suite A
 Cambridge MN 55008-2547
 (763) 689-1711

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 This section to be completed by agency furnishing information:

We have no information ()

Information attached ()

Signed: _____ Title: _____

Date: _____ Agency: _____

PREVIOUS ADDRESSES

Please list below the addresses you have had for the past 5 years.

Please show the county of each address in parenthesis.

If an additional (or other) adult is living in your home, please have that person sign a Consent and Request for Law Enforcement Information and also complete a Previous Addresses sheet attached to the consent form.

Please clearly mark forms as to who is the person being licensed so all forms will be put into the proper files.

NAME / ADDRESSES

COUNTIES

1.	<hr/> <hr/> <hr/>	()
2.	<hr/> <hr/> <hr/>	()
3.	<hr/> <hr/> <hr/>	()
4.	<hr/> <hr/> <hr/>	()
5.	<hr/> <hr/> <hr/>	()