

**METROPOLITAN AREA AGENCY ON AGING
2365 N McKnight Road
North St. Paul, MN 55109**

CONSENT TO RELEASE INFORMATION

Volunteer Applicant: _____

I authorize the:
METROPOLITAN AREA AGENCY ON AGING
2365 N McKnight Road
North St. Paul, MN 55109

to release my **CRIMINAL BACKGROUND CHECK RESULTS & EMAIL ADDRESS** to the following agency:



MAAA

Volunteer's initial

MINNESOTA BOARD ON AGING
Elmer L. Anderson Human Services Building
540 Cedar Street
P.O. Box 64976
St. Paul, MN 55164-0976

The program may obtain this information verbally over the phone as well as in copy form.

I understand that:

- State and federal laws protect this information. Information disclosed with my consent may no longer be protected by these laws and could be re-disclosed by the recipient.
- The Minnesota Government Data Practices Act governs any use or release of data by the Metropolitan Area Agency on Aging.
- The Minnesota Board on Aging will use this information to determine my suitability to volunteer with the Senior LinkAge Line® Program.
- I can refuse to release this information. If I refuse, I still may be able to volunteer with the Program.
- I may cancel my consent at any time by written request to the Metropolitan Area Agency on Aging at the address listed above; but this will not affect information already disclosed.

A fax or photocopy of this consent is as valid and may be treated in the same manner as the original.

VOLUNTEER APPLICANT SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP

PHONE

METROPOLITAN AREA AGENCY ON AGING REPRESENTATIVE SIGNATURE