



Informed Consent for the Release of Information

City of Vadnais Heights
800 East County Road E
Vadnais Heights, MN 55127
(651) 204-6000

Date: _____

The following named individual has made application with this agency for
Youth Sports Coach.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Drivers License Number (required): _____

I authorize the Ramsey County Sheriff's Office to disclose all criminal history record information to the City of Vadnais Heights for the purpose of **youth sports coaching** with this agency.

The expiration date of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date