



**Senior LinkAge Line® & Affiliated Programs
Release of Information – Volunteer/Employee**

I, _____, authorize the Minnesota Bureau of Criminal Apprehension, or LexisNexis, to release any criminal records that have been compiled on me to the Arrowhead Regional Development Commission and the Arrowhead Area Agency on Aging which is the coordinating agencies for the Senior LinkAge Line® & Affiliated Programs. I understand that any criminal records will be an influencing factor in determining my eligibility as a Senior LinkAge Line® & Affiliated Programs Volunteer/Employee. I understand that I have data privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). I understand the information being provided is voluntary and will only be used to determine if placement as a volunteer/employee is appropriate.

Date of Birth

Social Security Number

Full Name

Maiden, Alias, or Former Name(s)

Current Address

Signature

Date

Notary

Date