

Date: _____

RE: Child Abuse and Neglect Records Check per Adam Walsh Act

To Whom It May Concern:

Authorization/Consent: I authorize Minnesota Bureau of Criminal Apprehension to release all records regarding substantiated reports of maltreatment involving physical or sexual abuse or neglect of minors, in which I am named as the person found responsible for maltreatment, as required in the **Federal Adam Walsh Act**.

My Name: _____

Names also Known by: _____

My Date of Birth: _____

My SS#: _____

My Current Address: _____

Addresses at which I resided in your State (City, Zip, County): _____

Please send the records to:

A New Beginning Adoption Agency, Inc.

Boise, Idaho 83704

Fax: 208-939-3869

Email: tricia@adoptanewbeginning.org

Phone: 208-939-3865

This information will be used for:

Adoption Home Study

Signature of person requesting records to be sent

Date