



Dear Employee,

The state of Minnesota, Department of Human Services, requires the employee to complete the attached Consent for Release of Information form, for purposes of making employment decisions to any organization working directly with children.

Please open link and complete as follows:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7125-ENG>

- Please PRINT, no cursive handwriting
- Use BLUE or BLACK ink only

- List your full name to include any other names used including Maiden Name, Aliases or other Married Names
- List DOB in the space provided
- List SSN, if desired, in the space provided
- List your Current Home Address to include city, state, and zip code (no PO BOX)
- List all previous Minnesota addresses

Enter the following information in “The information will be released to:”

- Name - **Compliance Specialist**
- Agency – **Prince William County Schools**
- Address – **14715 Bristow Road**
- City – **Manassas**
- State – **VA**
- Zip – **20112**
- Phone Number – **(703)791-8958/8382**
- Fax – **(703)791-8848**
- This information will be used for – **Employment**

- Read the release consequences statement
- Prince William County Schools will pay the \$20 processing fee for this central registry check on your behalf

Bring this form and all completed documents to your Employment Processing appointment. You will sign and date the form at your appointment. A notary will be provided. This form will be submitted to the state of Minnesota Department of Human Services on your behalf.

If you have any questions on this matter, please contact the Compliance Office directly at 703-791-8382/8958.

Sincerely,

Compliance Specialist
Human Resources Department