



**CRISIS NURSERY OF OLMSTED COUNTY  
CHILD CARE RESOURCE & REFERRAL  
287-1499  
RELEASE OF INFORMATION**



I hereby authorize Child Care Resource & Referral Olmsted County Crisis Nursery to Release \_\_\_ Obtain \_\_\_ information to/from Day Care/Foster Care licensing.

The following information will be released and/or exchanged

- ❖ Criminal and driving record, background check.
- ❖ Licensing off year or re-licensing studies.
- ❖ Status, capacity and type of license.
- ❖ References.
- ❖ Any negative action or substantiated complaints against the applicant/licensure.
- ❖ Placements made including dates, times and numbers of children.

I understand that this information will be shared for the purpose of program planning. This information exchange is private and cannot be released. I understand that if I refuse, I may not be considered an applicant for providing Crisis Nursery Child/Overnight Care. This expires when I no longer provide Crisis Nursery Care. I may cancel this consent at any time (not retroactive) with a written request to Child Care Resource & Referral Olmsted County Crises Nursery.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SIGNATURE OF MINORS AGED 13 TO 18 AND OTHER ADULTS LIVING IN THE HOME  
(NOT INCLUDING FOSTER CHILDREN)

1. \_\_\_\_\_  
Last Name                      First                      Middle                      Date of Birth                      Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

2. \_\_\_\_\_  
Last Name                      First                      Middle                      Date of Birth                      Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

Adapted from ARCH Crisis Nursery Manual