



MINNESOTA SECRETARY OF STATE
AUTHORIZATION FOR BACKGROUND CHECK OF
HOST FAMILY MEMBERS

International Student Exchange Organization Act
Minnesota Statutes Section 5A.04 (C)

Child Protection Background Check Act, Minnesota Statutes Sections
299C.60 to 299C.64

Before completing this form, please read the instructions on the reverse side.

1. I (Full Name of Applicant) Last First Middle

am an individual of at least 18 years of age who is a member of and residing with a family that has applied to host an international student exchange visitor.

2. Date of Birth: Month Day Year

3. List the names of the other members of this host family required to complete and submit an authorization:

4. I do hereby authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Name of Organization for the purpose of becoming eligible to be a host family and meeting the

background check authorization requirement of the International Student Exchange Organization Act of 1993, Minnesota Statutes Chapter 5A.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

5. Signature and relationship to the Head of the Host Family Date

6. State of Minnesota)
County of) ss

Acknowledged before me this day of ,

Notary Public

This background check authorization is required by the International Student Exchange Organization Act, Minnesota Statutes Section 5A.04(c) and the Child Protection Background Check Act, Minnesota Statutes Sections 299C.60 to 299C.64.

INSTRUCTIONS

Each member listed must complete and submit their own authorization.

1. Type or print your complete name, last name first.
2. State your date of birth.
3. List the names of each member of the host family over the age of 18 residing at this address. Each member listed must complete and submit their own authorization.
4. List the name of the organization you are authorizing to conduct the check on the third line. This is required to insure that other organizations or individuals do not conduct an unauthorized background check.
5. Sign the form where indicated in the presence of a notary public. The authorization is effective for one year from the date of the signature.
6. A notary public must complete the acknowledgment portion of the form.
7. Submit the completed form directly to the exchange organization. You may wish to retain a photocopy of the form for your own files. Do not send this form to the Secretary of State.

Please contact the organization if you have any questions about this form.

GENERAL INFORMATION

Your family has applied to host a foreign student as part of an exchange program. Minnesota law requires that every member of a potential host family over the age of 18 complete this form.

Completing this form does not mean that a background check will be conducted. The decision to conduct a background check is made by the organization that has requested the authorization.

If the organization conducts a background check, this authorization will be sent to the Minnesota Bureau of Criminal Apprehension (BCA). The BCA will enter your name and birthdate into the Criminal Justice Information System to retrieve information about any convictions of the following crimes:

- a) Any felony; and
- b) The following misdemeanors:
 - 1) Fifth Degree Assault (Minn. Stat. sec. 609.224);
 - 2) Malicious Punishment of a Child (Minn. Stat. sec. 609.377);
 - 3) Neglect or Endangerment of a Child (Minn. Stat. sec. 609.378);
 - 4) Knowingly Receiving Profit from Prostitution (Minn. Stat. sec. 09.323);
 - 5) Harboring a Prostitute (Minn. Stat. sec. 609.324, subd. 1);
 - 6) Solicitation of a Prostitute (Minn. Stat. sec. 609.324, subd. 2);
 - 7) Engaging in Prostitution (Minn. Stat. sec. 609.324, subd. 3); and
 - 8) Hiring a Prostitute (Minn. Stat. sec. 609.324, subd. 3).

You are not required by law to complete this form, but if each person over the age of 18 residing in your household does not complete and submit this form to the organization requesting this authorization, your family will not be allowed to proceed with the application process.

This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/Voice. For TTY communication, contact Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of services.