

CENTRAL MN COUNCIL ON AGING  
250 Riverside Avenue N, Suite 300  
Sartell, MN 56377  
320.253.9349

**VOLUNTEER RELEASE OF INFORMATION FORM**  
**Non - Profit Organization - T202539349**

I, \_\_\_\_\_,  
authorize the Minnesota Bureau of Criminal Apprehension to release any criminal records that have been compiled on me to the Central Minnesota Council on Aging. The Central Minnesota Council on Aging is the coordinating agency for the Senior Linkage Line® Volunteer Program. I understand that any criminal records will be an influencing factor in determining my eligibility as a Senior Linkage Line Volunteer.

\_\_\_\_\_  
(Volunteer Name)                      Please Print                      \_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Maiden Name)                      Please Print

\_\_\_\_\_  
(Date of Birth)                      \_\_\_\_\_  
(Race)                      \_\_\_\_\_  
(Sex)

\_\_\_\_\_  
(Volunteer Signature)                      \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary)                      \_\_\_\_\_  
(Date)