**Minnesota Bureau of Criminal Apprehension**
**1430 Maryland Avenue East, St. Paul, MN 55106**

**Data Request Form for Use by a Data Subject**
Existence of Confidential Data

Please **print** the following:

Name: _____
      First                      Middle                   Last

Address: _____
        Street

_____
City                       State                  Zip code

Date of Birth: _____
        Month               Day         Year

As described in Minnesota Statutes, section 13.04, subdivision 3, I wish to know if I am the subject of stored data in the gang pointer system authorized by Minnesota Statutes, section 299C.091.

Signed: _____
      Signature of individual

STATE OF MINNESOTA )
                         ) ss
COUNTY OF _____)

Signed and sworn to before me this _____ day of _____, 20___ by

_____
(Name of individual)

_____       (affix seal here)
Signature of Notary

My commission expires: _____

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For BCA use only:  Signature verified by government issued photo id: _____
                                                      (Initials of staff member)