



DATA REQUEST BY DATA SUBJECT

Please **PRINT** all information except where a signature is required

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

DATA SUBJECT INFORMATION

* Name: _____
Last First Middle

Other names (birth name, maiden name, etc.): _____

Address: _____
Street Apt. /Suite #

City State Zip Code

* Date of birth: _____
Month (MM) Day (DD) Year (YYYY)

Telephone: (____) _____ Email: _____

* DATA BEING REQUESTED

I would like to receive the following data about me (please describe below):

*Time period: _____

* I would like to (check one): inspect (look at) the requested data at the BCA (no charge)
 receive copies of the requested data (a fee applies if more than 200 pages)

* Signature: _____

STATE OF _____)
COUNTY OF _____) ss

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

**If you mail this form, you must sign in the presence of a Notary Public and mail the original to:
Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106.
If you bring this form to the BCA without notarization, please be prepared to show a valid, government-issued photo ID.**

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____