



DATA REQUEST BY DATA SUBJECT

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

DATA SUBJECT INFORMATION

* Name: _____
Last First Middle

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

Address: _____
Street Apt. /Suite #

City State Zip Code

* Date of birth: _____ Telephone: (____) _____ Email: _____
MM/DD/YYYY

****Search will be conducted exactly as entered on this form****

* **DATA REQUESTED** (describe below):

*Please specify year or time period: _____

FOR PUBLIC OR PRIVATE DATA:

* I request that the data be provided to me as follows (check one):

- inspect (look at) the requested data at the BCA (no charge)
- receive copies via US Mail at the mailing address listed above (a fee applies when page-count exceeds 200)
- receive copies via encrypted email at the email address listed above (a fee applies when page-count exceeds 200)

****Pursuant to Minn. Stat. § 299C.40, you must appear in person at the BCA to give informed consent before private Comprehensive Incident-Based Reporting System (CIBRS) data may be accessed.**

Submit this form to the BCA by one of the following methods:

- 1) Bring this form to the BCA and show a current, government-issued photo ID, or
- 2) Sign below in the presence of a Notary Public and mail the *original* to:

Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106

* Signature: _____

****Continue to second page for completion****

