Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST BY AN INDIVIDUAL

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

REQUIRED INFORMATION

Name: _____
Last First Middle

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

_____

Address: _____
Street Apt. /Suite #

_____
City State Zip Code

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

Description of data requested: _____

_____

Time period of data requested (if applicable): _____

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 may apply)

OPTIONAL CONTACT INFORMATION

Telephone: (_____) _____ Email: _____

If you mail this form, you must sign below in the presence of a Notary Public. Mail *original* copy to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.

Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

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

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

_____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)