



EXISTENCE OF CONFIDENTIAL DATA REQUEST

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: _____

I wish to know if I am the subject of any confidential data held by the BCA as permitted by Minnesota Statutes, section 13.04, subdivision 3.

You may submit your request:

- **By US mail.** This form must be signed in the presence of a Notary Public and the *original* mailed to:
Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106.
- **In person at the BCA (address listed above).** Please be prepared to show a valid, government-issued photo ID.

** If your request is to know if confidential incident-based data exists about you, your request must be made in person at the BCA, per Minnesota Statutes, section 299C.40, subdivision 6.

* Signature: _____

STATE OF MINNESOTA)
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: _____

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____