



# INFORMED CONSENT FOR RELEASE OF DATA

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 (including aliases, birth name, nicknames, maiden name, etc.): \_\_\_\_\_

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

## \* DATA BEING REQUESTED

\_\_\_\_\_  
\_\_\_\_\_  
Time period: \_\_\_\_\_

**I authorize the BCA to disclose the above-described data to the party I designate below. I understand that the designated party may use the data for reasons not known to the BCA and that the designated party may not be legally obligated to protect the data.**

\* Name: \_\_\_\_\_  
Last First Company

Address: \_\_\_\_\_  
Street Apt. /Suite #

\_\_\_\_\_  
City State Zip Code

Telephone: ( ) Email: \_\_\_\_\_

\* 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: \_\_\_\_\_

**If you mail this form, you must sign in the presence of a Notary Public and mail the original copy 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 \_\_\_\_\_