Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

INFORMED CONSENT FOR RELEASE OF DATA

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

REQUIRED INFORMATION

Name of requestor: _____
Last First Middle

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

_____

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

Description of data requested: _____

_____

Time period of data requested (if applicable): _____

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 Middle

Address: _____
Street Apt. /Suite #

_____
City State Zip Code

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 _____)
) 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)