MINNESOTA STATE PATROL

BODY WORN CAMERA VIDEO REQUEST FORM

Minn. Stat. § 13.825

REQUESTOR INFORMATION Request Date: _____

Name: _____ Agency/Employer: _____

Address: _____

Telephone: _____ Email: _____

INCIDENT INFORMATION

MSP Case/Event Number (if known): _____ Date of Incident: _____

If MSP Number Unknown, Time of Incident: _____ Location of Incident: _____

I am requesting body worn camera (BWC) video of the following person in this incident: _____

Please choose one of the following:

- ☐ I am the subject in the video and I have provided consent below.
- ☐ I am requesting video of another person and that person has provided consent below.
- ☐ I am a non-subject requesting public video of a peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm (do not complete consent below).
- ☐ Other: _____.

I would like to: ☐ inspect (look at) the requested video at a MSP office (no charge).
☐ receive copies of the requested data (a fee applies).

CONSENT TO RELEASE PRIVATE DATA

This portion to be completed by the **person appearing in the video**.
Signature must be notarized or this form presented with valid, government issued ID at any MSP office.

I, _____, authorize MSP to share the above BWC video of me with the Requestor.
(print name)

I understand that:

1. I do not have to allow MSP to share my information. Signing this consent is completely voluntary.
2. MSP will not be able to control what happens to my information once it has been released to the above Requestor.
3. This release is valid as soon as I sign it and that I may withdraw my consent to this release at any time in writing.

Signature: _____ Date: _____

STATE OF _____)
)ss
COUNTY OF _____)

Signed and sworn before me on _____, by _____.
(date) (person giving consent)

Signature of Notary Public: _____

Send completed form to:

For Office Use Only. Valid Photo ID Type: _____ Staff Initials: _____