



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 _____