



Consent Form to Release Your Private Data

If you want Crow Wing County to release private data about you to another person or organization, Crow Wing County needs written permission (informed consent) from you to authorize that release. This form can be used to provide informed consent for Crow Wing County to release your private data to another person or organization.

Explanation of your rights and permission to release private data

I, _____ *[name of individual data subject]*, give my permission for Crow Wing County to release data about me to _____ *[name of the person or organization data receiving the data]* as described in this consent form.

1. The specific data I want Crow Wing County to release is: *(describe the data to be released- **MUST FILL OUT**)*
2. I want Crow Wing County to release the data to _____ *[name of the person or organization data receiving the data]* in the following way: *[explain how you want the data to be sent to/provided to this person or organization and provide necessary contact information, for example mailing address or email address]*
3. I understand that I have asked Crow Wing County to release my data to the person/organization named above.
4. I understand that some or all of the data I have asked Crow Wing County to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.
5. I understand that although some or all of the data are private at Crow Wing County, the way these data are classified or treated by _____ *[name of the person or organization receiving the data]* will depend on the laws and policies or policies that apply to _____ *[name of the person or organization receiving the data]*.

CONSENT FORM TO RELEASE YOUR PRIVATE DATA

This permission to release expires _____ (date/time of expiration).

A photocopy is as valid as an original.

Individual Data Subject Signature: _____

Date: _____

Verification of identity

Crow Wing County needs to verify that you are the data subject and person who has the right to authorize release of this data. One way to do this is to provide a notarized signature using the section below.

If you have questions about other ways to verify your identity, please email:

DataRequest@crowwing.gov

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (date)

by _____ (name(s) of individual(s)).

SEAL:

Notary Public Signature

Title (and Rank)

My commission expires: _____

For internal Crow Wing County use only: *If this form does not include a notarized signature, please provide a brief explanation of how the requester's identity was verified.*