



CROW WING COUNTY SHERIFF'S OFFICE

Office of **Eric Klang**, Sheriff

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AUTHORIZATION FOR RELEASE OF PRIVATE DATA

Data Request by Data Subject

Data Subject Information (please print legibly):

Name: _____
LAST _____ FIRST _____ MIDDLE _____ SUFFIX _____ AKA/MAIDEN _____

Date of Birth: _____
MM/DD/YYYY _____

I, _____, as the subject of private data as defined by the Minnesota Government Data Practices Act, authorize the Crow Wing County Sheriff's Office to release the following private data about me*:

- SUMMARY OF CRIMINAL INVOLVEMENTS
- DETAILED CRIMINAL INCIDENT REPORTS
- STATE ACCIDENT REPORT (INCIDENT NUMBER): _____
- INCIDENT NUMBER(S): _____
- OTHER: _____
 - INCLUDE JUVENILE DATA

* Contact the Crow Wing County Jail Directly for any Jail Data.

This authorization allows the following to receive the private data about me pursuant to this authorization:

MYSELF OTHER: Name/Agency: _____
Address: _____
Email: _____ Phone: _____

I may revoke this authorization at any time before it is presented and responded to. I understand that any revocation must be in writing and delivered to the entity authorized to release the private data about me. This authorization shall automatically expire one year after the date listed below.

If your request is not made in person, you must sign below in the presence of a Notary Public.

Signature of Data Subject (or Parent/Guardian)

Date

State of _____, County of _____,

On _____ 20 _____.

personally appeared before me to be the signer of this document

Signature of Notary Public

My commission expires

FOR OFFICE USE ONLY ID verified By: _____ Date: _____