



# CROW WING COUNTY SHERIFF'S OFFICE

Office of **Eric Klang**, Sheriff

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crowwing.gov

## 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: \_\_\_\_\_

**Leadership • Visibility • Preparation**