



CROW WING COUNTY SHERIFF'S OFFICE

Office of **Eric Klang**, Sheriff

304 Laurel St
Brainerd, MN 56401
P: 218-829-4749
Fax: 218-829-9459
crowwing.gov

AUTHORIZATION FOR RELEASE OF PRIVATE DATA

Data Request by Parent/Guardian

Data Subject: Minor Child/Individual under Guardianship (please print legibly):

Name: _____
LAST FIRST MIDDLE SUFFIX AKA/MAIDEN

Date of Birth: _____
MM/DD/YYYY

Parent/Guardian Requesting Data (please print legibly):

Name: _____
LAST FIRST MIDDLE SUFFIX AKA/MAIDEN

Date of Birth: _____
MM/DD/YYYY

I, _____, as the parent/guardian requesting private data of the minor child/individual listed above as defined by the Minnesota Government Data Practices Act, authorize the Crow Wing County Sheriff's Office to release the following private data*:

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

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

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

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

Leadership • Visibility • Preparation

Proof of Relationship (please check one):

I am the natural parent of the minor child identified and my parental rights are not terminated (certified copy of birth certificate may be required).

I am the adoptive parent of the minor child identified and my parental rights are not terminated (certified copy of adoption decree may be required).

I am currently the foster parent of the minor child (certified copy of the unexpired foster care contract may be required).

I am currently the legal guardian of the ward identified (certified copy of the court order appointing me as guardian may be required).

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. 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 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: _____