



Mission Township, MN

'A QUIET PLACE TO BE'

GENERAL AUTHORIZATION AND RELEASE PURSUANT TO
MINNESOTA STATUTE 13.06 SUBD. 4 MINNESOTA DATA PRACTICES ACT

TO: CITY OF CROSSLAKE POLICE DEPT, MISSION TOWNSHIP AND MN BUREAU OF
CRIMINAL APPREHENSION

I hereby authorize and grant my informed consent to permit you to release and to make available to the City of Crosslake, Minnesota and Mission Township, MN, or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Crosslake and Mission Township to have access to this information is to determine my suitability for employment with the Township.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Crosslake and Mission Township from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Crosslake and Mission Township or to you of that fact.

Print Full Name (first, middle, last) Date

License Number Date of Birth

Address City State Zip

Signature

Subscribed and sworn to before me this _____ day of _____.

Notary Signature

(Stamp)