



CROW WING COUNTY SHERIFF'S OFFICE

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Office of
Todd Dahl, Sheriff

AUTHORIZATION FOR RELEASE OF PRIVATE DATA

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 INVOLVEMENTS
- DETAILED INCIDENT REPORTS
- DETENTION DATA
- STATE ACCIDENT REPORT (INCIDENT NUMBER): _____
- INCIDENT NUMBER(S): _____
- OTHER: _____

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

- MYSELF
- OTHER: Name/Agency: _____
Address: _____
Fax: _____ 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.

Signature of Data Subject (or Parent/Guardian)
To be signed in front of Notary Public

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: _____

With courage, honor and integrity, we protect the rights and dignity of all citizens. In partnership with our communities, we strive to preserve the peace and are dedicated to excellence in the delivery of public safety services.