

General Authorization and Release
Pursuant to Minnesota Stat. 13.05, Subd. 4
Minnesota Data Practices Act

I, _____, birth date, _____, hereby authorize and grant my informed consent to permit you, Orono Police Department, to release and make available to the City of Mound and/or its representatives, data classified as private which concerns me and which may be in your possession.

I understand the Orono Police Department will be conducting a background investigation on me, including a computerized criminal history inquiry, and that this information (data), will be considered in determining whether or not to grant approval of my application.

I understand that my records are protected under Federal and State privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law.

I understand the data, which I authorized to be released, consists of private data as defined by Minnesota Statute 13.02, Subdivision 12, and has been collected by you as a result of my contacts and associations with Orono Police Department or other law enforcement agencies, including, but not limited to, criminal history data. The information for which release is authorized includes all data which has been collected, created, received, or retained by you in connection with the background investigation you performed in connection with my application.

I understand that the purpose of permitting the City of Mound to have access to this information is to determine my suitability to engage in the following enterprise: _____.

I further understand that this information may subsequently be utilized for other purposes relating to my possible authority to engage in the above stated enterprise in the City of Mound including verification of my records and analysis by consultants to the City who may review my suitability for the above stated enterprise.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to that expiration date, cancel the written authorization by providing written notice to the City or to you of that fact. Further, I understand that intentionally providing false information is a crime and may be subject to criminal penalties.

First Middle Last

Current Address: _____ City _____ State _____ ZIP _____

Phone Number: Day _____ Evening _____

Signature

Date

Minnesota Drivers License or State ID # _____