

INFORMED CONSENT FOR RELEASE OF INFORMATION AND DATA FROM FOLLOWING ENTITY AND ALL BRANCHES:

Agency or Company Name		
Address		
City	State	ZIP
Telephone No.	FAX No.	E-Mail

I am an applicant for employment as a state law enforcement officer with the Minnesota Department of Natural Resources-Division of Law Enforcement (MN DNR). The Department is required by Minn. Stats. § 626.87.1 to thoroughly investigate my employment background and personal history to evaluate my qualifications for suitability for employment as a law enforcement officer.

I hereby authorize any representative of MN DNR bearing this release to investigate my present and past record or character, and to ascertain any and all information which may concern my record and character, whether the same is of record or not. I hereby authorize MN DNR to obtain any information, data or records in your possession, and I hereby direct you to release such information upon the request of the bearer. I hereby authorize a review of and full disclosure of all information, data or records, or any part thereof, concerning myself, by and to any duly authorized agent of MN DNR, whether said records are classified by the Minnesota Data Practices Act as non-public, private, or confidential. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, including, but not limited to: information, records, statements and opinions pertaining to my employment, pre-employment, background and reputation, military service, education, financial status, criminal history, including any arrest records, any information contained in investigatory files, efficiency ratings, attendance, social networking or internet data created by me or others, photographs, any and all internal affairs investigations, complaints or grievances filed by or against me, disciplinary records, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had

an interest, including any files which are deemed to be confidential, and/or sealed.

I hereby, release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of MN DNR regardless of any agreement I may have made with you previously to the contrary.

I understand my rights under the Privacy Act of 1974 (Title 5, United States Code, Section 552a) and the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99) with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by MN DNR in conjunction with employment procedures.

A copy of this authorization, when presented in person, via U.S. Mail, fax or e-mail, in conjunction with an official request by an authorized representative of MN DNR will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

This release is valid for a period of one year or until completion of my probationary period of employment, whichever is longer. However, I reserve the right to cancel this written authorization at any time by providing written notice to the MN DNR or to you of that fact.

Full Name of Applicant	
For Agency Use Only—Additional Identifiers (SSN, DOB)	
Address	
City	State ZIP
Signature of Applicant	Date