

CONSENT TO RELEASE PRIVATE DATA

I, _____, authorize the City of Coleraine to release and provide copies of the following private data about me:

To the following person or people:

The person or people receiving the private data may use it only for the following purpose or purposes:

This authorization is dated _____ and expires on _____

The expiration cannot exceed one year from the date of the authorization, except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.

I understand that information about me is protected under the Minnesota Government Data Practices Act, M.S. Chapter 13, and cannot be disclosed without my written consent unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time and that this consent expires as specified, or if not specified, within one year of the date of my signature below.

Signature: _____ Date: _____

IDENTITY VERIFIED BY:
<input type="checkbox"/> Witness: _____
<input type="checkbox"/> Identification: Driver's License, State ID, Passport, other: _____
<input type="checkbox"/> Comparison with signature on file
<input type="checkbox"/> Other: _____