



Explanation of Your Rights

If you have a question about this form, or would like more explanation, please talk to Laurie Beyer-Kropuenske at 651-201-2501 or laurie.beyer-kropuenske@state.mn.us before you sign it.

Accommodation Reimbursement Fund

Consent to Release Private Personnel Data

I, _____ (*name of applicant/employee*), give my permission to the _____ (*name of state agency*) to release private personnel data about me to the Minnesota Department of Administration (Admin).

How the Data Will Be Used

The agency above will release data to seek reimbursement of money for the cost of a reasonable accommodation under the Americans with Disabilities Act (ADA). Admin will use this data as needed to verify reimbursement requests and to evaluate/audit the reimbursement program.

1. I give my permission for the agency above to release to Admin the nature/type/costs of the accommodations provided to me. I understand that even without my name, depending on the size of the agency applying for reimbursement, the data collected in the application form may allow Admin to identify me.
2. I understand that Admin will provide information and reports without identifying information that describe accommodations requested and awarded to each agency including the type/costs reimbursed for each accommodation provided to an employee or applicant. I understand that reimbursement requests from agencies of less than 100 employees will be combined to reduce the risk that I can be identified. I authorize the limited release of this data even though it could potentially identify me because of the nature of my accommodation and/or the size of my agency.
3. I also authorize Admin to access additional personnel data about me related to my accommodation, beyond the data identified in paragraph #1 only for evaluation and audit purposes. I understand that any additional data accessed by Admin for program evaluation or auditing will remain private data and will not include appraisal or performance review data about me.
4. I understand that my informed consent allows my agency to request reimbursement for my reasonable accommodation.

This consent expires once the reimbursement, verification and auditing are completed. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Sign Here

Signature _____

Date _____