



Informed Consent to Release Private Data

Part 1. Explanation of Informed Consent

This informed consent document (“Consent”) is a written agreement signed by you telling the Department of Commerce and its contractors (“Department”) you want the Department to release the information you submitted to or that was collected or created by the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) or Conservation Improvement Program (CIP), also known as Energy Programs, in connection with your household’s application for energy benefits/payments/services. This Consent is needed to allow the Department to verify what specific private data about you or your minor children you want released and what private data you want protected. If you sign this consent form, the Department will release only the private data you authorize below.

With your consent, the Department will release the information identified below to the person or company identified below.

YOUR SIGNATURE ON THIS *CONSENT FORM* IS VOLUNTARY.

Part 2. Authorization for Release of Data

I, _____, (*Requester’s name as it appears on EAP Application*), hereby authorize the Department or the Energy Programs Service Providers (SPs) to release Energy Programs records pertaining to me as indicated in Part 3 of this *Consent* (below). Select ONE of these options:

Initials	I authorize the Department or Service Provider to deliver the documents identified below to me: (Initial the box at left)		
	Name		
	Address		
	City, State and Zip		
	Telephone or cell to contact you if we have questions		
	Social Security Number*	Date of birth	

*EAP requires a verifiable Social Security Number for the primary applicant only. If you do not give your social security number, it may cause delays in processing your data request. **AUTHORITY:** Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). **USE:** The State will use your Social Security Number to verify the data requester’s identify.

Initials	I authorize the Department or Service Provider to deliver the documents identified below to the following person or company: (initial the box at left)		
	Person/Company		
	Address		
	City, State and Zip		
	Contact person	Phone	

Part 3. Identification of Specific Documents to be Released

I authorize the Department or the Service Provider to release to the person or company identified in Part 2 only the current program year information I have marked below (initial appropriate boxes).

Initial	Data	Initial	Data
	Social Security Number (SSN)		Primary language spoken at home
	Full name		If any household member is a Board member or employee of the SP
	Sources of income and other assistance		Number of household members
	Total income		Household member information (name, SSN, date of birth, race, Hispanic, sex, disability, years of school, income Y/N) *See note below
	Income details--all documents submitted *See note below		Type of housing
	Home address		If you own or are you buying your home
	Township or city of residence		Monthly rent or mortgage payment
	County		If you are self employed
	Home phone numbers		If you operate a business in your home
	Other phone number		If you rent out part of your home to anyone
	Email address		If you have a rent subsidy
	How long you have lived in your current home		Landlord's name (Name, Phone, Address)
	If you currently live at this residence		If heat is included in your rent
	Date of Energy Programs' application		Heat sources (types of fuel you heat with)
	Energy Programs' application status		If you use electric as a heat source, how it is used in your home
	Energy Programs' eligibility status		Heating and electric companies (company names, name on account and account number, phone)
	Primary Heat Benefit amount		Heating and electric consumption (amount and cost of fuel usage report and whether it was for heating or non-heating)
	Crisis Benefit amount		If you authorized 30% of your grant to your electric company
	ERR Benefits		If you had an energy emergency at the time of application
	Reasonable Payment Worksheet		Priority for Weatherization Assistance Program
	Authorized representative (full name, address, phone number)		Notes

*Each household member must sign a separate agreement authorizing release of his/her income and personal information. See Part 4 below.

Other - please specify: _____

Initial _____

Part 4. Consent of Other Members in the Household

The application for Energy Programs and related documents may include private information on persons who live in the household other than the person signing the application. To protect their rights, each adult named on the application must sign a separate Consent for the release to any party of any private data on that person contained in the application or related documents. Parents and guardians may sign consent for their minor children.

Part 5. Informed Consent Approval

I understand the information listed above includes information which is classified as private on me or my minor children under the Minnesota Government Data Practices Act (Minn. Stat. §13). I understand, at my request, the Department must provide me with a copy of any records it has on me or my minor children, including any record of data releases.

I understand by signing this Consent, I am authorizing the Department to release to the person or company named above information which would otherwise be private and not accessible to them. I understand I am not legally obligated to provide this information to any third party and I may revoke this Consent at any time.

This Consent expires at the end of the current program year (September 30, 2015) or if I withdraw my Consent, whichever comes first. I am giving this Consent freely and voluntarily and I understand the consequences of my giving this Consent.

I understand the agency to whom I am releasing the information listed above will use it to:

___ No one has forced me to sign this consent form.

___ I understand if I consent to the data release, the Department will have no control over how the data will be used by the person or company I have authorized to receive the data described above.

Signature: _____

Date: _____

Notary: _____

Notarized signature is required unless the signature is witnessed by Energy Programs' staff along with photo ID.