

## DATA REQUEST FORM – DATA SUBJECT

### USE THIS FORM IF YOU ARE REQUESTING YOUR OWN DATA

- To request public data relating to someone other than you, complete the [Data Request Form – Public](#)

#### INFORMATION & INSTRUCTIONS

- **REVIEW DATA REQUEST POLICY:** Review the Board’s [Data Request Policy for Data Subjects](#).
- **COMPLETE AND SUBMIT DATA REQUEST FORM:** This form may be completed electronically or printed. Complete form and submit to the Board via email, fax, or mail.
- **BOARD REVIEW PROCESS:** Upon receiving your request, we will review and respond to your request within 10 business days. We may ask you to clarify what data you are requesting, or confirm your identity if you are requesting non-public data about yourself. If applicable, we will notify you about requirements to prepay for copies.
- **COPY COSTS:** Inspection of data, that is, viewing data in person at the Board office at an arranged date and time, is free. The Board charges the actual cost of making copies for data about you, if the cost is more than \$15. See Copy Costs section in the Board’s [Data Request Policy for Data Subjects](#) for complete information. If a copy cost is applicable, we will notify you following review of your request. Payment is required before we will provide copies to you.
- **VERIFICATION OF IDENTITY FOR NON-PUBLIC DATA:** If your data request is classified as non-public data under the Minnesota Government Data Practices Act, you will be required to verify your identity with a valid photo ID before the Board will release the non-public data. *Note: Individuals who do not inspect data or pick up copies of data in-person may be required to provide a notarized statement affirming your identity.*

#### CONTACT INFORMATION

- You do not have to provide any contact information. However, if you want us to mail or email you copies of data, we will need some type of contact information.
- We may need contact information if we do not understand your request. We will not work on your request until we can clarify it with you.

NAME:

EMAIL ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

PREFERRED METHOD OF CONTACT (check one):

Email

Mail

Phone

**DATA REQUEST INFORMATION**

- If your data request is classified as non-public data under the Minnesota Government Data Practices Act, you will be required to verify your identity before the Board will release the non-public data.
- Inspection means viewing data in person at the Board office at an arranged date and time, and is free.

DATA SUBJECT NAME <i>(when requesting your own data, you are the data subject):</i>	LICENSE NUMBER <i>(if applicable):</i>
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PARENT/GUARDIAN NAME *(only if requesting data about your minor child or someone for whom you are the legal guardian):*

I am requesting access to data in the following way *(check one)*:

<input type="checkbox"/> Copies	<input type="checkbox"/> Inspection <i>(requires in-person appointment)</i>	<input type="checkbox"/> Both inspection and copies
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If requesting copies, preferred method of receiving available data *(check one)*:

<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Other: _____
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- Use the space below to describe the data you are requesting as specifically as possible.
- You may attach additional sheets if needed.
- We will respond to your request within 10 business days.
- If additional information is needed or if there is a copy cost associated with your request, we will contact you with details.

Large empty box for describing the data request.

**BOARD USE ONLY**

<i>To be completed by staff member responding to data request:</i> Data request subject identity confirmed (if applicable): <b>YES / NO</b> Staff Initials: Date:	Date request received:
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