

Authorization for Release of Information

I, _____ authorize _____ to release data about me to the following individual(s):

Name: _____

Title: _____

Address: _____

List and describe all data covered by this release:

I understand:

- the data listed above may include data classified as private under Minn. Stat. Ch. 13 and otherwise only accessible to me, the Minnesota Department of Corrections (DOC), or anyone authorized by law to receive it.
- by signing this form, I authorize the DOC to release data to the person(s) named.
- the DOC cannot release data classified as private without my authorization.
- the DOC cannot control how the person receiving the released data about me uses it.

I am signing this consent form voluntarily and understand the consequences of signing. This consent expires after completion of the above-stated purpose or after one year, whichever comes first, unless I choose to renew this consent.

Signature of Subject of Data

Signature of Parent/Guardian/Authorized Representative (if the subject of the data is a juvenile)

Date