



Board of Peace Officer Standards and Training

1600 University Avenue, Suite 200, Saint Paul, MN 55104

Main: (651) 643-3060 | www.mn.gov/post/

INFORMED CONSENT: AUTHORIZATION FOR RELEASE OF PRIVATE DATA

My Name is: _____ POST License # _____

The purpose of this document is to provide the Minnesota Board of Peace Officer Standards and Training ("the Board") with my informed consent to release specified private data about me pursuant to Minn. Stat. § 13.05, subd. 4(d), of the Minnesota Government Data Practices Act ("MGDPA"), Minn. Stat. §§ 13.01-.991 (2024). I expressly acknowledge, agree, and represent that:

1. I understand that the Board maintains data about me, and that the data may be classified as "private" under the MGDPA or other law.
2. I understand that:
 - a. Private data about me are generally accessible to me but not accessible to the general public; but that
 - b. I may render private data about me accessible to others pursuant to my informed consent.
3. I give my informed consent to disclosure of the following data maintained by the Board to

_____ ("Recipient"):

Select the types of private data about you that you authorize to be released to the person mentioned above:

_____ All Complaint Data _____ All Disciplinary Data

_____ Other Private Data, specifically described as:

4. I possess and exercise sufficient mental capacity to consent to the disclosure of the private data.
5. The Board has not coerced or otherwise influenced my decision to provide informed consent to the disclosure of private data.
6. I understand that the Board is not responsible for, and does not control, any further use or dissemination of private data by Recipient.
7. I am the individual data subject and **have attached hereto a form of photographic identification** (e.g., valid passport, valid driver's license) verifying my identity pursuant to Minn. R. 1205.0400, subp. 3(B).

I understand public data about me is generally available via the peace officer license search on the Board's website, including any sanctions against my MN peace officer license. If public data about me is not found via the public search it may be requested separate from this form.

This authorization is valid for 120 calendar days from the date adjacent to my signature below, and I may rescind this authorization in writing at any time during the 120 days. I understand that withdrawal of my authorization will not affect any data already released per this authorization, nor the release of public data.

SIGNED: _____

DATED: _____

[PHOTO IDENTIFICATION ATTACHED HERETO]

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