



Informed Consent for Release of Private Data

North Mankato Police Department
1001 Belgrade Avenue; North Mankato, MN 56003
Phone: 507-625-7883 Fax: 507-625-1327 Email: tjunker@nmpd.org

This form may be submitted with a *Request for Information* form by mail, fax, email or in person to the North Mankato Police Department during normal business hours (Monday - Friday, 8:00 a.m. to 5:00 p.m.; excluding holidays).

DATA SUBJECT

Name	DOB
Address	Phone

RELEASE DATA TO AUTHORIZED PARTY:

Name	PHONE
Company	
Address	

INFORMED CONSENT

I give permission for the North Mankato Police Department to release data about me to the authorized party listed above as described in this consent.

1. The specific data I want North Mankato Police Department to release is indicated below.
2. I understand I have asked the North Mankato Police Department to release this data.
3. I understand that although the data is classified as private at the North Mankato Police Department, the classification and treatment of the data by the party listed above may not be the same.

Signature of Data Subject: _____ Date: _____

If not appearing in person at the North Mankato Police Department, this signature must be notarized:

Subscribed and sworn to before me on this ____ day of _____, 20____.

Notary Public Signature

DATA AUTHORIZED FOR RELEASE:

Police Reports ICR/Case Number(s) _____

Other Data (Please give detailed description): _____

TO BE COMPLETED BY DEPARTMENT STAFF

Date Completed: ____/____/____ Prepared By: _____

Date Released: ____/____/____ Mail Fax In person (valid photo identification required)