

General Authorization and Release
Pursuant to Minnesota Statute 13.05, Subd. 4
Minnesota Data Practices Act

To: **Bureau of Criminal Apprehension / Criminal Justice
Information Systems**

I, _____ (full name),
Date of Birth: _____, hereby authorize and grant my
informed consent to permit you, **Bureau of Criminal Apprehension /
Criminal Justice Information Systems**, to release and to make
available to the Carver County Sheriff's Office and/or their agents and/or
representatives data classified as private which concerns me and which may
be in your possession. The data, which I authorize to be released, consists of
private data, as defined by Minnesota Statute 13.02, Subd. 12, and has been
collected by you as a result of my contacts and associations with you and/or
your agents and representatives. The information for which release is
authorized includes all data which has been collected, created, received,
retained or disseminated in whatever form which in any way relates to my
dealings with you or your agency. I understand that the purpose of
permitting the Carver County Sheriff's Office to have access to this
information is to determine my suitability for employment or volunteering
with the Carver County Sheriff's Office. I further understand that this
information may subsequently be utilized for other purposes relating to my
possible employment or volunteering with the department, including
verification of my records and analysis by consultants to the department who
may review the suitability for employment or volunteering.

This authorization shall be valid for a period of one year but I reserve the
right to, at any time prior to that expiration, cancel the written authorization
by providing written notice to the department or to you of that fact.

Signature

Date

Pursuant to Minnesota Statute 13.05, Subd. 4
Minnesota Data Practices Act

To: **National Crime Information Center (NCIC)**

I, _____ (full name),
Date of Birth: _____, hereby authorize and grant my informed consent to permit you, **National Crime Information Center**, to release and to and make available to the Carver County Sheriff's Office and/or their agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Carver County Sheriff's Office to have access to this information is to determine my suitability for employment or volunteering with the Carver County Sheriff's Office. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment or volunteering with the department, including verification of my records and analysis by consultants to the department who may review the suitability for employment or volunteering.

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Signature

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To: **State of Minnesota / Department of Public Safety**

I, _____ (full name),
Date of Birth: _____, hereby authorize and grant my informed consent to permit you, **State of Minnesota / Department of Public Safety**, to release and to make available to the Carver County Sheriff's Office and/or their agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Carver County Sheriff's Office to have access to this information is to determine my suitability for employment or volunteering with the Carver County Sheriff's Office. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment or volunteering with the department, including verification of my records and analysis by consultants to the department who may review the suitability for employment or volunteering.

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