



City of Moorhead Informed Consent to Release

Notice: Under data privacy laws, certain information is classified as private and is available only to you, to City employees whose work assignments require access, and to entities or agencies authorized by statute to gain access to this information. Completion of this form will allow the person or entity listed below access to information in the custody of the City of Moorhead that relates to you.

I, _____, give my permission for the City of Moorhead, Minnesota to
(Your name)
release data about me to _____ as described in this consent.
(Name of other entity/person)

1. The specific data I want the City of Moorhead to release include: *(specific data)*
2. I understand that I have asked the City of Moorhead to release the data and any statements based on the data.
3. I understand that although some of the data are classified as private at the City of Moorhead, the classification/treatment of data at _____ may not be the
(Name of other entity/person)
the same and is not dependent on laws or policies that apply to _____.
(Name of other entity/person)

This permission to release expires _____.
(Describe time or date of expiration)

Signature of individual authorizing release

Date

Subscribed and sworn to before me, a Notary Public, on this _____
day of _____ 20 _____.
Commission expires on _____.

Notary signature

My Commission expires: _____