



Ramsey County Sheriff's Office

Bob Fletcher, Sheriff

Training and Professional Development Services

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www.RamseyCountySheriff.us

GENERAL AUTHORIZATION AND RELEASE

Pursuant to MN Statute 13.05 Subd.4 (d) of the Minnesota Data Practices Act

TO: _____

I, _____, hereby authorize

Print full name

and give my informed consent to permit you _____ to release and make available to the Ramsey County Sheriff's Office Training Unit and/or its agents and/or representatives, data classified as private by MN Statute 13.02, Subd. 12, except medical and psychological data, which data concerns me, and which may be in your possession. The data, which I authorized to be released, consists of private data that has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Ramsey County Sheriff's Office Training Unit to have access to this data is to determine my suitability for employment with the department, and to verify records and other information, which I have provided to them.

I hereby authorize and grant my informed consent to permit you to make photocopies for the Ramsey County Sheriff's Office Training Unit of all private data, which concerns me and is in your possession.

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

_____/_____/_____
Applicant's **Full** Printed Name Date of Birth

Applicant's Street Address City State Zip

Applicant's Signature Date