# HENNEPIN COUNTY

## MINNESOTA

### Consent for Release of Information

#### Data subject

Full name:	
Aliases, nicknames, previous or maiden names:	
Date of birth:	Phone:
Address:	
Email:	
If data subject is a minor or a legally incompeten	t adult
Parent or legal guardian full name:	
Relationship to data subject:	
Recipient	
I (data subject) authorize Hennepin County to re	lease information or records about me to
Name of organization:	
Name of person:	
Address:	
Phone:	
Request	<del></del>
Release the following information or records	

#### Authorization

- ➤ I am the data subject, or the parent or legal guardian of a data subject who is a minor, or the legal guardian of a legally incompetent adult
- ➤ I declare I have examined all the information on this form and it is true and correct to the best of my knowledge
- This authorization is valid for one (1) year from the signed date of this form. I understand I can cancel this authorization at any time.

Signature	
	Data subject or parent/legal guardian signature
	Data subject ou manach/lacel susualise quinted agree
	Data subject or parent/legal guardian printed name
	Date signed

#### Tennessen Notice

If you are requesting data about yourself that is private, the information you provide to the county related to the data request, including your name, may be considered private data. You are not required to provide us with private data; however, if you do not provide us with some private data (e.g. date of birth) we may not be able to process your request. Any private data you provide to us may be shared with other data practices contacts in Hennepin County to process your data request.