



AUTHORITY FOR RELEASE OF INFORMATION

NAME: _____
Last First Middle

PREVIOUS LEGAL NAMES: _____

ADDRESS: _____
Street

_____ City State Zip

DATE OF BIRTH: _____
Month Day Year

DRIVERS LICENSE NO. _____ STATE: _____

PHONE: _____

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for _____ in the City of Waite Park, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records and warrant information to determine your eligibility in this application process.

You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in this application not being processed.

I hereby authorize and grant my informed consent to permit the **Waite Park Police Department** to conduct a criminal history check for the purposes of this application.

SIGNED: _____ DATE: _____