

**INFORMED CONSENT TO THE RELEASE OF PRIVATE  
PERSONNEL DATA UNDER THE MINNESOTA GOVERNMENT  
DATA PRACTICES ACT**

I, \_\_\_\_\_, \_\_\_\_\_, authorize a  
(name) (address)

representative of the personnel office at the Minnesota Department of  
\_\_\_\_\_ (hereinafter department) to release  
that personnel data about me which is identified below to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (hereinafter person(s) named).

The specific data covered by this release is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person(s) named and their representatives may use this information for  
the following purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the personnel data listed above includes data which is  
classified as private personnel data on me under Minn. Stat. § 13.43. I understand  
that by signing this Informed Consent Form, I am authorizing the department to  
release to the person(s) named and their representatives data which would otherwise

be private and accessible only to me and to the department. I understand that without my informed consent, the department could not release that data in my personnel files and records which is classified as private under Minn. Stat. § 13.43.

I understand that when my personnel files and records are released to the person(s) named and their representatives, the department has no control over the use the person(s) named or their representatives make of the data disclosed.

This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-described purpose is not fulfilled after one year, I may renew this consent.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_