

State of Minnesota
Tri-County Community Corrections

CONSENT FOR THE RELEASE OF INFORMATION

I, _____, having a date of birth of _____,
(First, Middle, Last Name) (DOB)

authorize **Tri-County Community Corrections** to: _____ obtain my information from:

_____ release my information to:

(Agency, Facility, of Individuals Name, Address & Phone Number)

Information to be released: _____
(Type of Information)

Purpose of release: _____

I understand that my records are protected under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law. I understand that this data may, after its release to the above-named entity, be defined as Court Services Data, as defined by Minnesota Statutes Section 13.84, Subdivision 1, and/or Corrections and Detention Data, as defined by Minnesota Statutes Section 13.85, Subd. 1, and as a result may be classified as either public, private or confidential data as defined by the provisions of Minnesota Statutes Section 13.02. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, supervised release, work release, etc.) and that in any event this consent expires automatically as described below.

Specification of the date, event or condition upon which this consent expires (not to exceed one year from this date) _____

Executed this _____ day of _____, 20____.
Day Month Year

Signature of Subject of Data

Signature of Witness

Signature of Parent, Guardian or Authorized Representative
(when required)