

EMPLOYER DATA PRACTICE RELEASE FORM

Authorization and Release for Employers
Pursuant to Minn. Stat. Sec. 13.05, Subd. 4
Minnesota Data Practices Act

TO: _____
(Employer)

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the **Moorhead Police Department** and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes: Dates of employment, job title and activities during employment, reason for termination of employment, eligibility for rehire, attendance records, performance evaluations, disciplinary records and actions, education and training records, and job history.

I understand that the purpose of permitting the **Moorhead Police Department** to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

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

(Original Signature)

(Date)