

ROSEVILLE POLICE DEPARTMENT
Consent to Release Private Data



I understand that data about me may be private information under the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and that the Roseville Police Department has an obligation to keep private data about me private and only release private information as required or allowed by law. I also understand that I can choose to allow private data about me to be shared with others.

I, _____, authorize the Roseville Police Department to share the following specific information related to case number _____, with:

WHO I WANT TO HAVE MY INFORMATION	
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The information may be shared: in person by phone by email by fax

AUTHORIZED INFORMATION	<input type="checkbox"/> Body Worn Camera Video	<input type="checkbox"/> Squad Video
	<input type="checkbox"/> Photographs	<input type="checkbox"/> Police Reports
	<input type="checkbox"/> Other _____	

I understand:

- That I do not have to allow the Roseville Police Department to share my information. Signing this consent is completely voluntary.
- That the Roseville Police Department will not be able to control what happens to my information once it has been released to the above person or agency.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

SIGNED _____ DATED _____

PRINTED NAME _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public