

City of St. Paul Park
DATA REQUEST FORM—Informed Consent for the Release of Information

If you have a question or would like more explanation about anything on this form, before you sign, please talk to the Responsible Authority--Sharon Ornquist, City Clerk.

I, _____ authorize the City of St. Paul Park to release data about
[name of individual data subject]
me to _____
[name of individual or entity to receive the information].

The specific data I want the City of St. Paul Park to release:

I understand that my records are protect under state and/or federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I understand that I have asked the City of St. Paul Park to release the data.

I understand that although the data classified as private at the City of St. Paul Park, the classification or treatment of the data when released will depend upon any laws or policies that apply to:
[name of individual or entity]. _____

I also understand that I may cancel this consent at any time prior to the information being released and that, in any event, this consent form expires automatically 90 days after signing.

[signature of data subject] Date: _____

[Parent/Guardian's signature, if needed] Date: _____

[signature of Witness] Date: _____