

**CITY OF SAINT PAUL PARK
AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION**

CONTRACTOR EMPLOYMENT LICENSING VOLUNTEER

Last Name	First Name	Middle Name	Date of Birth
Street Address	City	State	Zip
Former Name (s)		Alias(s)	
Previous Address			
Driver's License Number	State	Expiration Date	
PLEASE PROVIDE A FORM OF PHOTO IDENTIFICATION (i.e., Driver's License, Passport) AT TIME OF APPLICATION			

I am the person named as an applicant for _____ with
(position, type of license or services)
the City of Saint Paul Park with the _____ Department.
(department)

I hereby authorize the Saint Paul Park Police Department to inspect and gather criminal history information retained by local, county, state, and federal criminal justice agencies as necessary to determine whether any convictions of a crime or moving traffic violation(s), for which a jail sentence of more than 90 days could have been imposed, directly relates to my application.

I realize I am not legally required to sign this form but, if I do not, the City of Saint Paul Park will not be able to determine my suitability as an applicant.

I understand that if I am rejected as an applicant as listed above on the basis of a criminal conviction, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364 (with the exception of law enforcement and fire personnel as excepted by Minnesota Statute Chapter 364.09). I understand that information prepared by the Saint Paul Park Police Department about me is private data; that is, it may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

Signature

Date

If under the age 18, parent (legal guardian) signature required:

Parent (Legal Guardian) Signature

Date

This release shall be valid for one year after the date of signing, but may be revoked at any time by the applicant.
Copies of this release shall be as effective as the original.