



MOORHEAD
AREA PUBLIC SCHOOLS

Independent School District 152

Probstfield Center for Education

2410 14th St. S., Moorhead, MN 56560 ■ Fax: 218-284-3333

www.moorheadschoools.org

- Superintendent: 218-284-3330
- Assistant Superintendent for Business and Operations: 218-284-3370
- Assistant Superintendent for Learning and Accountability: 218-284-3310
- Human Resources: 218-284-3350

Employee Authorization for Release of Private Information Form

Administrative Procedure: 414.1

Date Adopted: 12/13/2004

Dates Reviewed: 12/8/2008, 4/13/2015, 4/9/2018

Section: 400 EMPLOYEE/PERSONNEL

Date Revised: 4/13/2015

TO: Executive Director of Human Resources
Moorhead Area Public Schools
2410 14th Street South
Moorhead, MN 56560

RE: Consent to Release – Request from an Individual

An individual asks the government entity to release his/her private data to an outside entity or person. Because the entity does not have statutory authority to release the data, it must get the individual's written informed consent.

Explanation of Your Rights

If you have a question about anything on this form, or would like more explanation, please talk to the Executive Director of Human Resources before you sign it.

Personnel Records of (Name): _____

(Date of Birth and/or Social Security Number)

This is your full and sufficient authorization, pursuant to Minn. Stat. 13.05, Subd. 4 and Minn. Rules

1205.1400, Subp. 4, to release to (name(s)): _____,

their representatives or employees, all information pertaining to (describe): _____

maintained by the employer school district, with the following exceptions: _____

The information is needed for the purpose of (specify): _____

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization, such records to be used only for the purpose specified. I do not authorize release of this information by the third party.

In understand that I may revoke this consent in writing at any time. Upon the fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation. A photocopy of this authorization will be treated in the same manner as an original.

Individual Data Subject's Signature: _____ Date: _____

Printed Name: _____

ATTENTION PUBLIC FACILITIES: Minn. Stat. Ch. 13 requires automatic expiration of this authorization one (1) year from the date of authorization.