

## **Independent School District 152**

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## **Employee Authorization for Release of Private Information Form**

Administrative Procedure: 406.1 Section: 400 EMPLOYEE/PERSONNEL

**Dates Reviewed:** 08/29/2024

TO: Assistant Superintendent of Business and Administrative Services Moorhead Area Public Schools 1313 30th Avenue 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 Assistant Superintendent of Business and Administrative Services 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)):
heir representatives or employees, all information pertaining to (describe):

maintained by the employer school district, with the following exceptions:	
This authorization specifically includes records prepared prepared after the date of this authorization; such records a do not authorize the release of this information by a third p	re to be used only for the purpose specified. I
I understand that I may revoke this consent in writing at an above-stated purpose, this consent will automatically expire of this authorization will be treated in the same manner as	e without my express revocation. A photocopy
Individual Data Subject's Signature:	Date:
Printed Name:	
ATTENTION PUBLIC FACILITIES: Minn. Stat. Ch. 13 reauthorization one (1) year from the date of authorization.	equires automatic expiration of this