



Becker County

Consent to Release Private Data

I, _____, authorize Becker County to release the following private data about me: _____

to the following person(s): _____

The person(s) receiving the private data may use it only for the following purpose(s): _____

This authorization is dated _____.

I agree to give up and waive all claims that I might have against the County, its agents and employees for releasing data pursuant to this request.

Signature

IDENTITY VERIFIED BY:

- Witness: _____
- Identification: Driver's License, State ID, Passport, other: _____
- Comparison with signature on file
- Other: _____

Responsible Authority/Designee: _____