

**INFORMED CONSENT TO RELEASE PRIVATE DATA
MINNESOTA GOVERNMENT DATA PRACTICES ACT**

I, _____, authorize the City of Edina ("City") to release the
(print name)
following private data about me:

to the following person or people:

The person or people receiving the private data may use it only for the following purpose or purposes:

This authorization is dated _____ and expires on _____.

The expiration cannot exceed one year from the date of the authorization, except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.

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

Print Name

X _____
Signature

Identification must be verified by driver's license, state ID, passport, or other valid identification.

On this _____ day of _____, _____ personally appeared before me; whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

Notary Public