



## CITY OF CENTERVILLE

### GENERAL AUTHORIZATION AND RELEASE

#### Pursuant to Minnesota State Statute §13.05, Subd. 4 Minnesota Data Practices Act

**TO:** City of Centerville

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, BCA, FBI, NCIC, Department of Motor Vehicles, and the City of Centerville to release to and make available to the City of Centerville/Centennial Lakes Police Department or their agents as assigned, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minnesota State Statute §13.02, Subd. 12, and has been collected by you as a result of my contacts and/or associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Centerville/Centennial Lakes Police Department or their agents to have access to this information is to determine my qualifications for licensing.

This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Centerville/Centennial Lakes Police Department or their agents as assigned of that fact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name Printed: First Middle Last

\_\_\_\_\_  
Date of Birth

(Attach Copy of Driver's License)

**SWORN TO AND ATTESTED BEFORE ME THIS \_\_\_ DAY OF \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_.**

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Notary Public

(Seal)