



**Background Release
DATA PRACTICE RELEASE FORM - BCA**

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: City of New Hope Police Department and Minnesota Bureau of Criminal Apprehension.

I, (First name) _____ (Middle name) _____ (Last name) _____

hereby authorize and grant my informed consent to permit you, to release to, and make available to the City of New Hope, MN and/or its agents and/or representatives, 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 Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and 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 New Hope, MN to have access to this information is to determine my suitability for a ride-along with a New Hope Police Department officer.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of accuracy. I also release the City of New Hope from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one 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 New Hope, MN or to you, of that fact.

Applicant's **FULL** Name (First, Middle, Last as above): **Please Print**

(First name) _____ (Middle name) _____ (Last name) _____

Applicant's: Date of Birth: _____ Sex: Female ☐ Male ☐ Race: _____

Applicant's Signature: _____ Date: _____

Parent Signature: (If applicant is under 18): _____

FOR OFFICE USE ONLY:

BCA Record Check Run by: _____
Police Clerk Signature Date

Supervisor Approval: ☐ OK ☐ Requires further review

Police Supervisor Date