

**CITY OF BLAINE
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTES 13.05 SUBD. 4
MINNESOTA DATA PRACTICES ACT**

TO: City of Blaine Police Department and
Minnesota Bureau of Criminal Apprehension

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Blaine, Minnesota 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 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 Blaine to have access to this information is to determine my suitability for coaching/supervision of children in connection with **Blaine Soccer Club**. I further understand that this information may subsequently be utilized for other purposes relating to my possible volunteer position with the city, including verification of my records and analysis by consultants to the city who may review my suitability for the volunteer position.

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 its accuracy. I also release Blaine Soccer Club and the City of Blaine 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 Blaine or to you of that fact.

Signature: _____ Date: _____

_____ Date of Birth: _____

(Full Name Printed - FIRST MIDDLE LAST)

Current Address City State Zip

(_____) _____ Organization: Blaine Soccer Club
Home Phone

AUTHORIZATION AND RELEASE OF DRIVER INFORMATION

Full Name (first, middle, last): _____

Driver's license number _____ Date of Birth: _____

Automobile Insurance Information:
Name of company _____

Policy Number: _____ Expiration Date: _____

Please list all addresses other than current for the preceding ten years:

1. _____

2. _____

Signature line: _____ Date: _____

(OVER)

