



Itasca County Sheriff's Office

JOE DASOVICH, SHERIFF

ACCESSING PRIVATE OR NONPUBLIC DATA

Instructions:

- In all cases, copies of identification and/or authority to receive data must be provided with this request.
- If you are requesting data that is about yourself, complete only Section A and Section D.
- If you are requesting data that is about your minor child or a minor in which you have guardianship of, complete Section A, Section B, and Section D.
- If you are requesting data that is about a separate individual and would like them to provide a Consent of Release of Information, complete Section A, Section C and Section D.

SECTION A: Requestor's Identity

Print Name: _____

E-mail Address (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION B: Private Information Regarding Minor Child

Minor or Legally Incompetent Adult's Name(s): _____

Requestor's Relationship to Data Subject: _____

The parent or guardian of a minor must provide one of the following (please provide a copy when submitting this form to the Itasca County Sheriff's Office):

- A certified copy of the minor's birth certificate
- A certified copy of documents that establish the parent or guardian's relationship to the child, such as

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- A court order relating to divorce, separation, custody, foster care
- A foster care contract
- An affidavit of parentage
- The legal guardian for an individual must provide a valid photo ID and a certified copy of appropriate documentation of formal or informal appointment as guardian, such as
 - Court order(s)
- Valid power of attorney

SECTION C: Private Information Regarding Another Individual

I, _____ authorize the Itasca County Sheriff's Office to release data about me to the individual listed in Section A of this form.

List and describe all data covered by this release: _____

I understand:

- The data listed above may include data classified as private under Minn. Stat. Ch. 13 and otherwise only accessible to me, the Itasca County Sheriff's Office (ICSO), or anyone authorized by law to receive it.
- By signing this form, I authorize ICSO to release data to the person named.
- The ICSO cannot release data classified as private without my authorization.
- The ICSO cannot control how the person receiving the data about me uses it.

I am signing this consent form voluntarily and understand the consequences of signing. This consent expires after the completion of the above-stated purpose or after one year, whichever comes first, unless I choose to renew this consent.



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SECTION D: Signatures and Notary

Requestor's Signature from Section A: _____
(Sign in the Presence of a Notary)

Data Subject's Signature from Section C: _____
(if applicable) (Sign in the Presence of a Notary)

State of: _____

County of: _____

I hereby certify that on this _____ day of _____, 20_____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

Requestor from Section A:

- Driver's License or Govt. Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Birth Certificate
- Other

Data Subject from Section C (if applicable):

- Driver's License or Govt. Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Birth Certificate
- Other

Notary Public: _____
(Print Name)

My Commission Expires: _____

Notary Public Signature: _____