

## INFORMED CONSENT TO RELEASE INFORMATION

As authorized by Minnesota Statutes, section 4.055, the Office of the Governor (the Office) is asking you to provide the following data so that your application for appointment can be evaluated and either approved or disapproved. The data will be shared with those employees within the Office whose work assignment requires them to have access to the data and with the Minnesota Department of Public Safety. You are not legally required, and may refuse, to provide the requested data. If you refuse, the Office cannot process your application. If you supply the requested data, the Office may have a basis on which to either approve or disapprove your application. The data you provide may be shared with law enforcement to report a crime or alleged crime or to assist with a criminal investigation. The data you provide may also be shared as authorized by law, if a court orders that it be produced, or if you consent to its release.

I consent to a check on behalf of the Office by the Department of Public Safety of systems accessible through the criminal justice data communications network, including criminal history, predatory offender registration, warrants and driver license record information from the Department of Public Safety; the statewide supervision system maintained by the Department of Corrections; and, if my fingerprints are provided, the national criminal history information maintained by the Federal Bureau of Investigation. The data resulting from these checks may be provided by the Department of Public Safety to the Office for the purpose of determining my qualification for and fitness to serve in the position for which I have applied.

This consent expires one year from the date of my signature.

**Printed name:**

**List all other names used (maiden name, names from former marriage; aliases, etc.):**

**Date of birth:**

**MN Driver's License or State Identification Number:**

*If you do not have a MN driver's license or state ID, please write in: No SI or DL.*

**State of residence for last ten years (list state(s) and year(s)):**

**Signature:** \_\_\_\_\_

**Date of signature:** \_\_\_\_\_