

INFORMED CONSENT TO RELEASE INFORMATION

The Office of the Governor (the Office) is asking you to provide the following data so that your application to serve on a board or commission can be evaluated and either approved or disapproved. The data will be shared with those employees within the Office whose work assignments require them to have access to the data and with the Department of Revenue. 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 be shared as authorized by law, if a court orders that it be produced, or if you consent to its release.

According to the Federal Privacy Act of 1974, the Office is also required to provide you with the following information about the collection of your Social Security Number.

The Office is collecting your Social Security Number so that it can be forwarded to the Department of Revenue. The Department needs your Social Security Number for a tax function, namely to verify your identity so that tax filing information about you can be released to the Office. There is no statutory authority that authorizes the Office to collect the Social Security Number. There is statutory authority for the Department to require the Social Security Number in Minnesota Statutes, sections 270B.01, subdivision 5 and 270B.03, subdivision 5. The Social Security Number will be sent by the Office to the Department to verify your identity and permit the Department to confirm that you have filed state income tax returns in the preceding six years.

Please PRINT the following information:

Applicant's name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Name(s) used in previous marriages, if applicable: _____

I consent to the release of the specific tax filing and other private information maintained by the Department of Revenue to the Office of the Governor as follows:

- Information relating to the filing of Minnesota individual income tax returns for the preceding six years. If any returns have not been filed or were not filed when due, the Department of Revenue will note the missing returns and/or the filing date(s) of any untimely return(s). Returns filed pursuant to a valid extension are not untimely. The Department of Revenue will not furnish the Office of the Governor with any data contained in the tax returns.
- Information relating to any outstanding liability for tax or other debt(s) administered or collected by the Department of Revenue. This will include the current amount of debt, the beginning balance, the length of time outstanding, repayment history, and the nature of the debt.

I understand that the release is for the purpose of determining my qualifications and fitness to serve as a Governor's appointee to a board or commission.

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

Signature: _____

Date: _____

I am the spouse of the applicant and I have read the two notices at the top of this form. I consent to the release of the data supplied below by the Department of Revenue to the Office of the Governor to confirm that my spouse has filed state income tax returns for the preceding six years.

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

Name (please PRINT): _____

Date of Birth: _____

Social Security Number: _____

Signature: _____

Date: _____