

**CITY OF BEMIDJI
CONSENT TO RELEASE PRIVATE DATA**

I, _____ authorize the City of Bemidji to release the following private data about me:

to the following person or people:

The person or people receiving the private data may use it only for the following purpose or purposes:

This authorization is dated _____ and expires on _____

The expiration cannot exceed one year from the date of the authorization, except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.

I agree to give up and waive all claims that I might have against the City, its agents and employees for releasing data pursuant to this request.

Signature

IDENTITY VERIFIED BY:	
<input type="checkbox"/>	Witness: X
<input type="checkbox"/>	Identification: Driver's License, State ID, Passport, Other:
<input type="checkbox"/>	Comparison with signature on file
<input type="checkbox"/>	Other:
Responsible Authority/Designee:	