

**CITY OF BEMIDJI  
NOTICE TO PERSONS UNDER AGE 18**

Some of the information you are asked to provide is classified as private under State law. You have the right to request that some or all of the information not be given to one or both of your parents/legal guardians. Please complete the form below if you wish to have information withheld.

Your request does not automatically mean that the information will be withheld. State law requires the City to determine if honoring the request would be in your best interest. The City is required to consider:

- Whether you are of sufficient age and maturity to explain the reasons and understand the consequences;
- Whether denying access may protect you from physical or emotional harm;
- Whether there is reasonable grounds to support your reasons; and
- Whether the data concerns medical, dental, or other health service provided under Minnesota Statutes Sections § 144.341 to 144.347. If so, the data may be released only if failure to inform the parent would seriously jeopardize your health.

NOTICE GIVEN TO: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ (name) \_\_\_\_\_ (title)

**REQUEST TO WITHHOLD INFORMATION**

I request that the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be withheld from: \_\_\_\_\_

For these reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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