EMPLOYEE AUTHORIZATION FOR RELEASE OF INFORMATION

To: Lewiston-Altura ISD #857

RE: Personnel Records of _____

Date of Birth _____   Social Security Number _____ ____ _____

This is your full and sufficient authorization, pursuant to Minn. Stat. 13.05, subd. 4 and Minn.

Rules 1205.1400, subp. 4, to release to , their representatives or employees, all information

pertaining to _____

maintained by the employer school district, with the following exceptions:

The information is needed for the purpose of _____

_____

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization, such records to be used only for the purpose specified. I do not authorize re-release of this information by the third party.

I understand that I may revoke this consent in writing at any time. Upon the fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation. A photocopy of this authorization will be treated in the same manner as an original.

Dated: _____

Signature of Employee: _____

ATTENTION PUBLIC FACILITIES: Minnesota Statutes Section 13.05 requires automatic expiration of this authorization one (1) year from the date of authorization.

Consent to Release Data – Request from an Individual

An individual asks the government entity to release his/her private data to an outside entity or person. Because the entity does not have statutory authority to release the data, it must get the individual's written informed consent.

Explanation of Your Rights

If you have a question about anything on this form, or would like more explanation, please talk to _____ before you sign it.
   [entity contact person name and contact information]

_____

I, _____, give my permission for _____
[name of individual data subject]   *[name of government entity]*

to release data about me to _____as described on this form.
_____*[name of other entity or person]*

1.   The specific data I want _____to release _____.
_____*[name of government entity]*   *[explanation of data]*

2.   I understand that I have asked _____ to release the data.
_____*[name of government entity]*

3.   I understand that although the data are classified as private at _____, the
_____*[name of government entity]*
classification/treatment of the data at _____depends on laws or
_____*[name of other entity or person]*
policies that apply to_____.
_____*[name of other entity or person]*
This authorization to release expires _____.
_____*[date/time of expiration]*

Individual data subject's signature _____   Date_____

Parent/guardian's signature [if needed]_____Date_____