|  |
| --- |
| **SPECIFIC RELEASE OF INFORMATION** |
| MN Statutes, section 13.05, subdivision 4: Private or confidential data on an individual shall not be collected, stored, used, or disseminated by government entities for any purposes other than those stated to the individual at the time of collection in accordance with section [13.04](https://www.revisor.leg.state.mn.us/statutes?id=13.04#stat.13.04), except as provided in this subdivision.  Date:  I, hereby, authorize:  (person(s) or agencies the data subject is authorizing to disclose information)  to disclose the information described below regarding:        (specific nature of the information to be disclosed)  which has been requested       (person(s) or entities to whom the subject is authorizing information to be disclosed)  Describe the requested information completely:    Describe the purpose(s) for which the information will be used, both at the time of the disclosure and at any time in the future:    I understand that only the information described above will be released, and that it will be used solely for the purpose described above. It will not be disclosed to any other source unless specifically authorized by me. I have been informed that I may refuse to authorize the release of this information and the consequences of such a refusal have been explained to me.  This authorization will expire upon receipt of the  This authorization will remain in full force and effect  information specified herein or subject to my right to revoke it at any time, until:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (date of termination; not to exceed one year)  I understand that I may revoke this authorization at any time and that I may review the information before authorizing its release, subject to my right to review this information under the controlling State and Federal law.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person served and/or legal representative signature Date |