



INFORMATION DISCLOSURE REQUEST FOR PUBLIC, PRIVATE, CONFIDENTIAL, AND/OR NONPUBLIC OR PROTECTED NONPUBLIC DATA

nt name: last, first, full middle) currently residing a	at:
(Street address, city, state & zip code)	
be released by	
ollows:	
(Signature of requestor)	
(Date of request)	
TED BY GOVERNMENT STAFF:	
verify identity of requestor ONLY when the	
	OR
	-
Date	-
	(Street address, city, state & zip code) be released by ollows: (Signature of requestor) (Date of request) TED BY GOVERNMENT STAFF: verify identity of requestor ONLY when the

Request:

_	. 1
	Approved
_	

□ Denied

□ Approved in part

If denied or partial approval, state reason:

Copies reques	ted and	provided?			
	Yes	Number of pages:			
	No				
Cost of copies assessed:					
PAID date:					

NON-DISCLOSURE AGREEMENT

This portion of the document is to be used when a subject asks for data other than public data. If the request is for other than public data about another person, the appropriate Release of Information form is required and need to be attached.

1. General description of the private or confidential data, which is being used to prepare summary data:

2. Purpose for which summary data is being prepared:

3. I,	, representing	have requested
the data described above and	d for the purposes stated and fully understand the	hat I may be subject to the civil or
criminal penalty provision o	of the Minnesota Data Practices Act in the event	t that the private or confidential
data is disclosed. Minn. Stat	t. §13.09. Any person who willfully violates the	e provisions of Minnesota
Statutes Chapter 13, or any	rules adopted or regulation promulgated thereu	nder is guilty of a misdemeanor.
Any willful violation of Mir	nnesota Statutes Chapter 13 by any public empl	loyee constitutes just cause for
suspension without pay or d	ismissal of the public employee.	

Requestor of Data

Date

Responsible Authority/Designee