

Exhibit F

City of Brainerd Consent to Release Private Data

Request Date: _____

If you want the City of Brainerd to release private data about you, your minor child, or individual under guardianship to an outside entity or person, the city needs written permission (informed consent) from to you authorize that release. This form can be used to provide informed consent for the City of Brainerd to release private data to another entity or person.

If you have a question about anything about this consent, or would like more explanation before you sign it, please contact the appropriate individual listed in the Data Practices Contacts Exhibit A.

Explanation of your rights and permission to release private data:

I, _____, give my permission for the City of Brainerd to release data about
(Name of Individual Data Subject)

myself

my minor child or individual under guardianship: _____
(Name of Minor Child or Individual under Guardianship)

to _____ as described in this consent form.
(Name of Entity or Person Receiving the Data)

The specific data I want the City of Brainerd to release include:

Describe the data you are requesting to be released as specifically as possible.

I want the City of Brainerd to release the data in the following way:

Explain how you want the data to be provided to the person or organization and provide necessary contact information for doing so (for example, mailing address or, email address).

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I understand that:

- I do not have to allow the City of Brainerd to share my information; I have asked them to do so.
- Although the data are classified as private at the City of Brainerd, the classification/treatment of the data at the entity/person the data is being released to may not be the same.
- The City of Brainerd will not be able to control what happens to my information once it has been released to the person or entity named above.
- Signing this consent is completely voluntary.

Printed Name of data subject, parent, or legal guardian: _____

Signature: _____ Date: _____

Verification of Identity:

The City of Brainerd needs to verify that you are a person who has the right to authorize the release of this data. One way to do this is to provide a notarized signature using the section below. Please refer to the City of Brainerd Standards for Verifying Identity Exhibit D for additional information and documents required to support verification of identity.

STATE OF _____)

COUNTY OF _____)

Signed or attested before me on _____, by _____.

(Signature of Notary Public)

SEAL:

My Commission Expires: _____

For City of Brainerd internal use only:

If this form does not include a notarized signature, complete the following:

How Identity was Verified: _____

By (staff name): _____ Date: _____