



CONSENT FOR THE RELEASE OF INFORMATION

I, _____ Date of Birth _____
(Printed full name (First, middle and last name) of individual authorizing release)

Driver's License Number: _____

AUTHORIZE THE ROCHESTER POLICE DEPARTMENT OR THE OLMSTED COUNTY SHERIFF DEPARTMENT TO CONDUCT A BACKGROUND CHECK ON MYSELF, INCLUDING LOCAL RECORDS CHECKS, NATIONAL CRIME INFORMATION CHECKS AND MINNESOTA BUREAU OF CRIMINAL APPREHENSION CHECKS WHICH WILL INCLUDE:

- 1) **CRIMINAL RECORD**
- 2) **DRIVING RECORD**

FOR THE PURPOSE OF THE ROCHESTER/OLMSTED COUNTY LAW ENFORCEMENT DEPARTMENT VOLUNTEER PROGRAM.

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER STATE AND /OR FEDERAL PRIVACY LAWS AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED BY STATE OR FEDERAL LAW. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT AND THAT IN ANY EVENT THIS CONSENT EXPIRES AUTOMATICALLY AS DESCRIBED BELOW.

THIS CONSENT SHALL EXPIRE ON THE APPLICANT'S WITHDRAWAL OR DISQUALIFICATION FROM THE PROGRAM, OR ONE YEAR FROM THE BELOW DATE, WHICHEVER EVENT SHALL OCCUR FIRST.

EXECUTED THIS _____ DAY OF _____ 20__.

(Signature of individual authorizing release)