



## Minnesota Alcohol & Gambling Enforcement

445 Minnesota Street, Suite 1600, St. Paul, MN 55101

651-201-7500



### **TENNESSEN WARNING**

DATA PRACTICES RIGHTS ADVISORY  
FOR CITIZEN ACADEMY APPLICANTS

As an applicant for the Alcohol & Gambling Enforcement's Citizen Academy, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the agency to make basic checks regarding the possible existence of a criminal record, outstanding warrants(s), or orders for protection. You are being requested to sign these documents and complete the information to be considered for participation in the citizen academy.

The information contained in the Citizen Academy Application and Citizen Academy Waiver of Claims and Release of Liability Agreement are required by the agency. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed and participation in the Citizen Academy will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the agency is to determine whether participation in the Citizen Academy should be approved.

If participation in the Citizen Academy is granted, most information supplied by the Citizen Academy applicant may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

<b>Printed Name (First, Middle, Last)</b>			
<b>Signature</b>		<b>Date:</b>	



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**CITIZEN ACADEMY APPLICATION**

Full Name (First, Middle, Last):			
Date of Birth:		Phone Number:	
Address:			
City/State/Zip:			
Driver License Number:		State:	

**Criminal History:**

Have you ever been convicted of a criminal offense?

- Yes
- No

I am over 18 years of age and am currently a Minnesota resident.

- Yes- List City of Residence : \_\_\_\_\_
- No

I have completed the Citizen Application, Data Privacy Advisory and Release of Information Waiver. I authorize Minnesota Alcohol & Gambling Enforcement to collect, use and release information for the purposes of a criminal background check and to determine my suitability for this program. I hereby acknowledge that I have completed the above information fully and accurately.

\_\_\_\_\_  
 Applicant's Signature Date

Please email or return this application and accompanying paperwork to:

**Mailing Address:** Alcohol & Gambling Enforcement  
 Attn: Citizen Academy Coordinator  
 445 Minnesota St  
 Suite 1600  
 St. Paul, MN 55101

**Email Address:** [bradley.rezny@state.mn.us](mailto:bradley.rezny@state.mn.us)



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## **WAIVER OF CLAIMS & RELEASE OF LIABILITY AGREEMENT**

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## **PHOTO, VIDEO & AUDIO RELEASE FORM**

I \_\_\_\_\_ do hereby grant permission to the Minnesota Alcohol & Gambling Enforcement to photograph, video record or audio record me, and to use the images and sounds thus obtained as part of or in connection with the production of Minnesota Alcohol & Gambling Enforcement publications and audio-visual presentations in any available format or medium. I understand that these materials will be used for the purpose of informing and educating the public about Minnesota Alcohol & Gambling programs and activities. I further understand and agree that these photographic or video or audio images may be publicly distributed or displayed in connection with Minnesota Alcohol & Gambling Enforcement programs and activities, including shared with mass media outlets and public safety partners.

I further waive any rights and release any claims or causes of action I may have to object to, prevent or seek damages for the release, publication or use of the above images or audio under the Minnesota Data Practices Act (Minnesota Statutes, chapter 13) and any claims or causes of action I may have based on, arising from or related to invasion of privacy.

<b>Printed Name (First, Middle, Last)</b>			
<b>Signature</b>		<b>Date:</b>	