



PROOF OF IDENTITY

Use this form to provide proof of identity to obtain private data on yourself.
ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

****Search will be conducted exactly as entered on this form****

REQUESTOR INFORMATION

* Name: _____
Last First Middle

*Date of Birth: _____

Address: _____
Street Apt. /Suite #

City State Zip Code

Telephone: () _____ Email: _____

Submit this form to the BCA by one of the following methods:

- 1) Upload this form to the BCA data request portal;
- 2) Bring this form to the BCA and show a current, government-issued photo ID, or
- 3) Sign below in the presence of a Notary Public and mail the *original* to:

Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106

* Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____