

**Minnesota Department of Public Safety
Human Resources
Background Information and Release Forms**

**Informed Consent
Authorizing Release of information**

I, _____, am providing my informed consent and authorization to _____, permitting you to release and make available to the Minnesota Department of Public Safety (DPS), or its agents, all information you have about me. The information covered by this authorization includes all data, regardless of form or how it was obtained, which in any way relates to my dealings with you. I also authorize the release of copies of documents containing such information.

This includes, but is not limited to, information pertaining to my employment and work performance, discipline, credit history, education, personal history, criminal history (obtained by means of computer or by submission of fingerprints), Predatory Offender Registration, driving record, background investigations, and internal affairs investigations, related to me and is known to you or is in your possession. I also permit DPS to verify with the Minnesota Department of Revenue my tax filing and payment status.

I hereby release you, your organization, its agents or representatives from any liability for any damage which may result from furnishing the information requested above.

This authorization shall be valid for a period of one year (from date signed), but I reserve the right to cancel the written authorization at any time prior to that expiration, by providing written notice to DPS.

Applicant's Signature: _____ Date _____

Printed Name of Applicant: _____