

**AUTHORIZATION FOR RELEASE OF RECORDS
CRIMINAL HISTORY DATA/RECORDS**

TO: Breitung Township Police Department

(Please Print)

RE: _____ BIRTHDATE: _____
Last First Middle Maiden Name if applicable

Race _____

I hereby authorize you to disclose and release the following described data collected, created, reviewed, or retained by the Breitung Township Police Department, which data would otherwise be protected and classified as private data pursuant to the Minnesota Government Practices Act (Minnesota Statutes, Ch. 13).

Complete Criminal History

The above described information should be released to:

CITY OF TOWER
PO BOX 576
TOWER MN 55790

I am allowing access to this private data for the purpose of determining my eligibility for:

Employment Application

I understand that this authorization shall be valid for a period of one year, but may be cancelled by me upon written notice to the Breitung Township Police Department.

Dated this _____ day of _____, 20 ____.

Signature of Applicant

Printed Name: _____

Street Address: _____

Telephone: _____

FOR BREITUNG POLICE DEPARTMENT USE ONLY:

_____ NO Felony Convictions

_____ YES Felony Convictions

Date Of Felony Conviction(s): _____

Applicant's Felony Conviction(s): _____

Reviewing Officer's Signature

Date _____