



HASTINGS POLICE DEPARTMENT

150 3rd Street East • Hastings, MN 55033-1210
(651) 480-2300 • FAX: (651) 437-1206 • EMAIL: HPD@hastingsmn.gov

Informed Consent- Release of Law Enforcement Data

Explanation of your rights

- You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed in this consent. Before you give permission to release the data, we encourage you to review the data listed in this consent.
- You have the right to let us release the data to all, some, or none of the persons or entities listed on this form. This means you can choose which entities or persons may receive the data and what data they may receive.
- You have the right to ask us to explain the consequences for giving your permission to release the data.
- You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.
- You may give us permission to discuss the data released by this form with the outside entity. If you choose not to give us permission, you may still allow us to release the data.

If you have a question about anything about this consent, or would like more explanation before you sign it, please contact:

HASTINGS POLICE - RECORDS DIVISION 651-480-2300 PDRECORDS@HASTINGSMN.GOV

Permission to release

I, _____, give my permission for **HASTINGS POLICE DEPARTMENT** to release data about me to _____ as described in this consent. I understand that my decision to allow release of the data to _____ is voluntary.

1. The specific data that **HASTINGS POLICE DEPARTMENT** may release to _____ are:
 - a. _____
 - b. _____
 - c. _____
2. The purpose of this disclosure is: _____
3. I understand that although the data are classified as private at the **HASTINGS POLICE DEPARTMENT**, the classification/treatment of the data at _____ may not be the same and is dependent on laws or policies that apply to _____
4. I give **HASTINGS POLICE DEPARTMENT** permission to discuss the data released by this consent with _____

Print Name: _____ Date of Birth: _____

Signature: _____ Date: _____

(Parent/Guardian Name if under 18) _____

Parent/Guardian Signature _____ Date: _____

This permission to release expires ONE YEAR from date of signature.

Signature(s) Must be Notarized

State of _____

County of _____

Signed or attested before me on _____ by _____
Date Name of person

(Stamp)

Signature of notarial officer

My Commission expires: _____