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**GENERAL AUTHORIZATION AND RELEASE**

**Pursuant to Minnesota Statute 13.05, Subd. 4**

**Minnesota Data Practices Act (Tennessee Warning)**

TO: City of Lexington and Agents

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, BCA, FBI, NCIC, Department of Motor Vehicles, City Attorney and Centennial Lakes Police Department to release to and make available to the City of Lexington, their agents or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and/or associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Lexington to have access to this information is to determine my suitability to obtain:

- Employment \_\_\_\_\_
- Solicitors/Peddlers License \_\_\_\_\_
- Business License \_\_\_\_\_
- Other \_\_\_\_\_ :

This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Lexington.

Please Print:

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Current Address City/State

\_\_\_\_\_  
Date of Birth Driver's License Number

\_\_\_\_\_  
Signature Date