



9180 Lexington Avenue
Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

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	Cell Phone #
Signature	Date	