



## INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act

### A. Completed by Requester

- NOTE:** 1. Request Frequency – Private Data on Individuals. After you have been given the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected.
2. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.

REQUESTER NAME (Last, First, M.): _____	DATE OF REQUEST: _____
STREET ADDRESS: _____	PHONE NUMBER: _____
CITY, STATE, ZIP: _____	SIGNATURE: _____
DESCRIPTION OF THE INFORMATION REQUESTED: _____ _____ _____	

### B. Completed by Department

DEPARTMENT NAME: _____	HANDLED BY: _____
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NONPUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NONPUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (Explain below) <input type="checkbox"/> DENIED (Explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION: _____ _____	
PHOTOCOPYING CHARGES:  <input type="checkbox"/> NONE <input type="checkbox"/> _____ Pages x _____ ¢ = \$ _____ <input type="checkbox"/> Special Rate: _____ (attach explanation) <i>No charge for 10 pages or less (to person not subject of data)</i>	IDENTITY VERIFIED FOR PRIVATE INFORMATION  <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE ID, Etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
AUTHORIZED SIGNATURE: _____	DATE REQUEST APPROVED OR DENIED: _____

Requested by: \_\_\_\_\_ Subject of Data      \_\_\_\_\_ Not Subject of Data