406 PUBLIC AND PRIVATE PERSONNEL DATA

FORM: EMPLOYEE AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Independent School District #318
650 SW 7th Avenue
Grand Rapids, MN 55744

RE: Personnel Records of: _____
Date of Birth and/or Social Security Number_____

This is your full and sufficient authorization, pursuant to Minn. Stat. § 13.05, Subd. 4 and Minn. Rules 1205.1400, Subp. 4, to release to _____, their representatives or employees, all information pertaining to *[describe]* _____
_____
_____

maintained by the employer school district, with the following exceptions: _____
_____
_____

The information is needed for the purpose of *[specify]* _____
_____

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization, such records to be used only for the purpose specified. I do not authorize re-release of this information by the third party.

I understand that I may revoke this consent in writing at any time. A photocopy of this authorization will be treated in the same manner as an original.

This authorization to release expires _____. (No longer than one year.)
date/time of expiration
If a date is not specified, this release will automatically expire in one year.

Dated: _____ _____
Signature of Employee

ATTENTION PUBLIC FACILITIES: Minn. Stat. § 13.05 requires automatic expiration of this authorization one (1) year from the date of authorization.