

## INFORMATION DISCLOSURE REQUEST FORM

## **Minnesota Government Data Practices Act**

. Completed by Requester	
REQUESTER NAME (Last, First, M.)	DATE OF REQUEST
STREET ADDRESS	CITY, STATE, ZIP CODE
SIGNATURE	PHONE NUMBER
DETAILED DESCRIPTION OF THE INFORMATION REQUESTED:	
Completed by Department DEPARTMENT NAME:	
DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS:	ACTION:
☐ PUBLIC ☐ NON-PUBLIC ☐ PRIVATE ☐ PROTECTED NON-PUBLIC ☐ CONFIDENTIAL	☐ APPROVED ☐ APPROVED IN PART (Explain Below) ☐ DENIED (Explain Below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES:	IDENTITY VERIFIED FOR PRIVATE INFORMATION:
□NONE	☐ IDENTIFICATION: DRIVER'S LICENSE, STATE ID, Etc.
Pages x ¢ =	☐ PERSONAL KNOWLEDGE
Special Rate: (attach explanation)	COMPARISON WITH SIGNATURE ON FILE
	OTHER:
AUTHORIZED SIGNATURE:	DATE:

## Tennessen Warning - Data Practice Advisory

Some or all of the information that you are asked to provide on the attached application is classified by state law as either private or confidential. Private data is information, which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to consider your application. You are not legally required to provide this information. You may refuse to provide this information. The consequences of supplying or refusing to supply data are that your application may not be considered or it may be denied. Other persons or entities may be authorized by law to receive the information.

