

RELEASE OF INFORMATION

To: City of Vadnais Heights

Attn: Data Practices Compliance Official
Kathy J. Keefe, Assistant City Administrator
800 East County Road E
Vadnais Heights, MN 55127
651-204-6013 (Phone); 651-204-6113 (Fax); kathy.keefe@cityvadnaisheights.com

From: _____

Print Name

Address

Phone

Fax

Email

Re: Release of Information

I hereby authorize the City of Vadnais Heights, a Minnesota municipal corporation, and all of its agents, representatives, and employees, including without limitation all of its attorneys and staff (the “City”),

to release the following information:

to the following person:

NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____
FAX _____

I understand that authorizing the release of this information is voluntary. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by confidentiality rules that might otherwise apply.

I understand that I have the right to revoke this authorization at any time by sending written notice to the City. I understand that any release of information made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to privacy.

A photocopy of this release shall be deemed sufficient to authorize the release of the information and documents.

The undersigned releases and acknowledges that there are no limitations placed on the disbursement of information contained the City's files, records, or other materials.

Signed: _____

Dated: _____