

Form: EMPLOYEE AUTHORIZATION FOR RELEASE OF INFORMATION

To: **Adrian Public School District #511**
410 Indiana Ave., PO Box 40
Adrian, MN 56110

RE: Personnel Records of [name] _____

(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. Upon the fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation. A photocopy of this authorization will be treated in the same manner as an original.

Dated: _____
Signature of Employee

ATTENTION PUBLIC FACILITIES: Minnesota Statutes Section 13.05 requires automatic expiration of this authorization one (1) year from the date of authorization.