

**Criminal History Authorization and Release  
Pursuant to Minnesota State Statute 13.05,  
Subd. 4, Minnesota Data Practices Act**



**TO:**

Shakopee Police Department  
475 Gorman St  
Shakopee, MN 55987

Full Name: \_\_\_\_\_

*And*

Bureau of Criminal Apprehension  
1430 Maryland Ave. East  
St. Paul, MN 55106

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

I hereby authorize and grant my informed consent to permit you to perform a criminal history background check on me. I further authorize and grant my informed consent to permit you to release and to make available to the City of Shakopee a summary of the criminal history record information from the check, whether that data is public or private. I understand that the purpose of permitting access to this information is for the purposes of my attendance at the Shakopee Police Department Citizens Academy program.

I hereby release you, your organization, or others from any liability for any damage which may result from furnishing the information requested above.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City or to you of that fact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date