

DATA PRACTICES RIGHTS ADVISORY

As an applicant for the Citizen’s Academy program with the Shakopee Police Department, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regard to the possible existence of a criminal record, outstanding warrants(s), or orders for protection. You are being requested to sign these documents and complete the information in order to be considered for the Citizen’s Academy program. The information contained in this Application and the Civilian Observer Waiver of Claims and Release of Liability Agreement are required by the City. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed, and attendance will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and made a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for attendance in the Citizen’s Academy program should be approved.

If approval is granted, most information supplied by the applicant may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant Name (Please Print)

Date