

CONSENT FOR THE RELEASE OF INFORMATION

Date: _____

The following named individual has made application with this agency for (license type)

Last Name: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____

(MM/DD/YYYY)

Sex (M or F): _____

Drivers License Number: _____

Drivers License State: _____

Phone Number: _____

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office of City Clerk
344 West Main Street - Marshall, MN 56258
(507) 537-6775
www.ci.marshall.mn.us