



Regarding: Driver Records
DATA PRACTICE RELEASE FORM – DMV
Current Employees/Volunteers

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: Minnesota Department of Public Safety, Driver & Motor Vehicle Section, St. Paul, MN

I, _____ (print first, middle, last name) hereby authorize and grant my informed consent to permit you, to release to, and make available to the city of New Hope, Minnesota and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which relates to my dealings with you or your agency in regards to my driving record. I understand that the purpose of permitting the city of New Hope, Minnesota to have access to this information is to conduct a review of my driving record per the City's terms to determine my suitability for employment and/or operation of city-owned vehicles. I further understand that this information may subsequently be utilized for other purposes relating to my employment/volunteer position, including verification of my records and analysis by consultants to the city of New Hope, Minnesota who may review my suitability for employment/volunteering.

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 of New Hope, Minnesota or to you, of that fact.

Driver's License No.: _____ Date of Birth: _____

Employee's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Motor Vehicle Record Check Run by: _____

☐ Approved or

☐ Requires further review

☐ Director of HR & Admin

☐ HR Specialist

Date

☐ Approved or

☐ Not Approved

City Manager

Date