





### Authorization for the use or disclosure of information

I, \_\_\_\_\_, hereby request and authorize the Fifth Judicial District Ignition Interlock Program staff to disclose to my probation agent, \_\_\_\_\_, the Minnesota Department of Public Safety, and the 5<sup>th</sup> Judicial District's Ignition Interlock evaluator the following information:

- Application and installation status
- Eligibility for ignition interlock grant assistance
- All data from ignition interlock vendor reports, including but not limited to, positive alcohol tests, including blood alcohol level, failed starts, lockouts, missed rolling retests, photos from the ignition interlock device, GPS location data, and evidence of tampering.

The purpose of this release is to enable the Judicial District, Department of Corrections and the Department of Public Safety to assist me in my return to driving safely and legally. I know and understand that:

- Information regarding me is protected under state and/or federal privacy laws and generally cannot be disclosed without my consent, with certain exceptions specified by law.
- Information disclosed pursuant to this authorization may be re-disclosed to other parties and may then not be protected under state and/or federal data privacy laws.
- I am under no obligation to sign this authorization. However, without the requested information the Fifth Judicial District may not be able to be of assistance.
- I may revoke this authorization at any time by giving written notice of revocation. Unless earlier revoked, this authorization expires twelve (12) months from the date I signed this form.

\_\_\_\_\_  
Date

  X   \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

  X   \_\_\_\_\_  
Witness

**Please return form to:** Miranda Rosa  
201 Lake Ave. Suite 243, Fairmont MN 56031  
Email: miranda.rosa@courts.state.mn.us  
Fax: 507-238-1913