

**Minnesota Department of Agriculture
Certification of Identity**

RIGHTS OF SUBJECTS OF DATA: In accordance with M.S. 13.04, subdivision 2, the purpose of the data collected on this form is to ensure that the Department does not wrongfully disclose the records of individuals who are the subject of the Minnesota Department of Agriculture systems of records. Failure to furnish this information will result in no action being taken on the request. This information will only be shown to employees of the Department of Agriculture. False information on this form may subject the requestor to criminal penalties under M.S. 609.48.

Full Name of Requestor¹ _____

Current Address _____

Date of Birth _____

Place of Birth _____

Social Security Number² _____

I declare under penalty of perjury under laws of the State of Minnesota that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of M.S. 609.48, subdivision 1, by imprisonment for not more than five years or to payment of fine of not more than \$10,000, or both.

Signature³ _____ Date _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requestor who is authorizing information relating to himself or herself to be released to another person. Pursuant to M.S. 13.05, subd 4, unless otherwise specified, this authorization is valid for a period not to exceed one year from the date of my signature. Further, pursuant to M.S. 609.48, subdivision 1, I authorize the Minnesota Department of Agriculture to release any and all information relating to me to:

(Print or Type Name)⁴ _____

¹ Name of individual who is the subject of the records or data sought.

² Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

³ Signature of individual who is the subject of the record sought.

⁴ Name of person authorized to receive information