AUTHORIZATION TO RELEASE APPLICANT INFORMATION

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE, GEOSCIENCE, AND INTERIOR DESIGN (AELSLAGID)
85 East Seventh Place, Suite 160
St. Paul, MN 55101

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act and authorize** the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience, and Interior Design (Board) to provide information contained in my application materials, including any documents, to

_____

(insert name of the individual who may receive information).

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

_____
Signature of Applicant

_____
Printed Name of Applicant

_____
Date

Complete this form if you intend for someone besides yourself to contact the Board office for the status of your application (i.e. administrative assistant, spouse, etc.).