

**CITY OF ROCHESTER  
CONSENT TO RELEASE PRIVATE DATA**

I hereby authorize the City of Rochester to release the following Private Data about me or my minor child:

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to the following (print name and address):

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The person or people receiving the Private Data may use it only for the purpose or purposes stated herein:

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This authorization expires on the following date: \_\_\_\_\_.

I agree to give up all claims that I might have against the City, its agents and employees for releasing data pursuant to this request.

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Identification must be verified by driver's license or state ID, passport, other valid identification.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me; whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

\_\_\_\_\_  
Notary Public