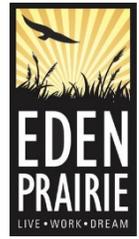


CITY OF EDEN PRAIRIE
CONSENT TO RELEASE PRIVATE DATA



I, _____, authorize the City of Eden Prairie ("City") to release the
(print name)

following private data about me:

to the following person or people:

The person or people receiving the private data may use it only for the following purpose or purposes:

This authorization is dated _____ and expires on _____.

The expiration cannot exceed one year from the date of the authorization, except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.

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

x _____
Signature

Identity verified by:

- Witness: x _____
- Identification: Driver's License, State ID, Passport, other: _____
- Comparison with signature on file
- Other: _____

Responsible Authority/Designee: _____