POLK COUNTY
DATA DISCLOSURE REQUEST
FOR
PRIVATE, CONFIDENTIAL
NONPUBLIC OR PROTECTED NONPUBLIC DATA

I, _____ _____
Print name: Last, first, full middle *Street address*

_____
City, state, zip code

hereby request that the following described information be released by the Polk County to me:

_____

The specific information to be released is described as follows:

_____

_____ _____
Printed Name of Requestor *Signature of requestor*

_____
Date of request

AGENCY USE ONLY BELOW

The information requested is classified as and shall retain the classification of:

☐ PRIVATE ☐ NONPUBLIC

☐ CONFIDENTIAL ☐ PROTECTED NONPUBLIC

Requestor's identity verified by Driver's License # : _____
Other identification
used (describe): _____

Request received by: _____ Date: _____
Employee name

Request approved ☐ Denied ☐ Approved in part ☐

If denied or partial approval, state reason: _____

Copies requested and provided? ☐ Yes ☐ No Number of pages: _____

Cost of copies assessed: _____ PAID ☐ Date _____

<u>NOTE TO DEPARTMENTS:</u> This disclosure document is to be used when a subject asks for data other than public data. If the request is for other than public data about another person, an informed consent authorization is also required and a copy should be kept unless specific disclosure authority otherwise exists. If disclosure is pursuant to court order, a copy of the court order should be kept..