City of Woodbury
8301 Valley Creek Road
Woodbury, MN 55125
(651) 414-3471

MASSAGE THERAPY LICENSE VERIFICATION RELEASE FORM

GENERAL AUTHORIZATION AND RELEASE BACKGROUND REFERENCE AND VERIFICATION
Pursuant to Minnesota Statute 13.05, Subd. 4, Minnesota Data Practices Act

To _____
Name of accredited massage institution/program (i.e. school, college)
_____

_____

Phone _____

I, _____, hereby authorize and grant my informed consent to
Print Name of Applicant

permit you to release and make available to the City of Woodbury and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession.

The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the City of Woodbury to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapist license with the City, including verification of my records and analysis by personnel of the City who may review my license application.

This authorization shall be valid for a period of forty-five (45) days from the date of signature indicated below; however, I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of Woodbury or to you of that fact.

X_____ _____
Applicant Signature *Date*

On this _____ day of _____, 20____, _____personally appeared before me,
_____ who is personally known to me,
_____ whose identity I verified on the basis of _____,
_____ whose identity I verified on the oath/affirmation of _____, a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

_____ *Seal*

Notary Public

_____
My Commission Expires