Steele County Sheriff's Office

Body Camera Release Form

Date: _____

To: Steele County Sheriff's Office

From: _____
Name Printed

_____
Address

_____
Telephone Number

Re: _____ _____
Steele County Sheriff's Office Case File # *Date/Time and Type of Incident*

I, _____, authorize the Steele County Sheriff's Office to release body camera audio/video relating to the above case file number, which I am the subject of, to

_____.
Name, Address & Telephone Number

I acknowledge that I understand that MN Statute 13.825, Subd. 2 classifies portable recording system data as private data on individuals.

A color copy of my driver's license (or photo ID) is enclosed for identification purposes.

_____
Signature