

Exhibit 4
CONSENT TO RELEASE PRIVATE DATA

I, _____, authorize the City of Oakdale ("City") to
(print name)

release the following private data about me:

to the following person(s) or entity(ies):

The person(s) or entity(ies) receiving the private data may use it only for the following purpose or purposes:

This authorization is dated _____ and expires on _____

I understand that my records are protected under state privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law. I also understand that I may cancel this consent at any time prior to the information being released and that in any event this consent expires automatically 90 days after signing. By signing this document, I give my full and voluntary consent to the City to release the above-listed data to the persons identified in this release, and I waive any and all claims against the City for the disclosure of private data about me in accordance with this document.

Signature

Signature of parent or guardian
(if data subject is under 18 years of age)

IDENTITY VERIFIED BY:

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

Responsible Authority/Designee: _____