

MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGES  
NORTHLAND COMMUNITY & TECHNICAL COLLEGE

Acknowledgement of Public Information that may be provided to Third Parties

I understand that the following information about myself and my employment with the Minnesota State Colleges and Universities is considered public under Minnesota law and can be provided, without my consent, to any third party who may contact the System:

<ul style="list-style-type: none"> <li>• Name</li> <li>• Salary Range</li> <li>• Value/nature of employer-paid benefits</li> <li>• Basis for and amount of any additions to salary, including expense reimbursement</li> <li>• Job title and position description</li> <li>• Previous work experience</li> <li>• General nature and status of any complaints or charges against me, whether or not they resulted in any disciplinary action</li> </ul>	<ul style="list-style-type: none"> <li>• Final disposition of any disciplinary action</li> <li>• Terms of any agreement settling administrative or judicial proceedings</li> <li>• Work location and telephone number</li> <li>• Honors and awards received</li> <li>• Payroll date (except that which would reveal private data)</li> <li>• City and country of residence</li> <li>• Actual gross salary</li> <li>• Actual gross pension</li> <li>• Education and training</li> <li>• Dates of first and last employment</li> </ul>
--	--

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent to Release of Private Information to Third Parties**

The following information is considered private under Minnesota law and would not normally be provided to any third parties who contact Minnesota State Colleges and Universities. Please place a mark in the box adjacent to any information that you consent to have disclosed and sign the following statement.

- \_\_\_\_\_ performance reviews and evaluations
- \_\_\_\_\_ reasons for my use of medical or sick leave
- \_\_\_\_\_ information about pending disciplinary actions

I hereby consent to the disclosure of the above information (only as I have specifically indicated) by Minnesota State Colleges and Universities or any of its employees which are in any way connected to the disclosure of this data about me to a third party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date