

Request for Denial of Parental Access to Private Data

Under Minnesota law, the following data that the Dakota County Library (Library) collects from and maintains on you is classified as private:

- Data that link your name with materials you request or borrow;
- Data that link your name with a specific subject about which you have requested information or materials; and
- Data in your borrower card application (other than your name, which is public data).

The Library may only disclose this private data:

- To Library staff;
- To you;
- To your parent(s), guardian(s), or an individual(s) acting as your parent or guardian; and
- Pursuant to a court order directing its disclosure.

You have the right to request that the Library deny your parent(s), guardian(s), or an individual(s) acting as your parent or guardian access to this private data. If you wish to do so, please complete and sign this form. It is important that you complete this form in its entirety, including explaining the reason(s) why you are making this request to deny access.

If, after receiving your completed form, your parent, guardian, or individual acting as your parent or guardian asks for any of this private data, the Library will determine if honoring your request to deny access is in your best interests. In making this determination, the Library will consider, among other things:

- Whether you are of sufficient age and maturity to be able to explain the reasons for and to understand the consequences of your request to deny access;
- Whether your personal situation is such that denying access may protect you from physical or emotional harm;
- Whether there are grounds for believing that the reasons for your request to deny access are reasonably accurate;
- Whether the data in question are of such a nature that disclosure could lead to your physical or emotional harm;
- Whether the data concerns your medical, dental or other health services; and
- Whether failure to release the data would seriously jeopardize your health.

Name _____
Address _____
Date of Birth _____
Phone Number _____
Library Barcode # _____

Person(s) who you are requesting be denied access:

_____	_____
Name	Relationship to you
_____	_____
Name	Relationship to you

Reason(s) for request: _____

Signature _____ Date _____

You will be notified of the status of your request at the above address. If you prefer that notice be sent to a different address or email address, please list it here:

Staff Use Only:

Approved _____ Denied _____

(If approved, this request will stay in effect until the minor is 18 years old, or it is terminated earlier by written request of the minor)

Reason for denial:

Responsible Authority _____ Date _____