

**Arrowhead Regional Development Commission  
Certification of Identity**

**RIGHTS OF SUBJECTS OF DATA:** In accordance with M.S. 13.04, subdivision 2, the purpose of the data collected on this form is to ensure that ARDC does not wrongfully disclose the records of individuals who are subject of the ARDC systems of records. Failure to furnish this information will result in no action being taken on the request. This information will only be shown to employees of ARDC. False information on this form may subject the requester to criminal penalties under M.S. 609.48

Full name of Requester<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number<sup>2</sup> \_\_\_\_\_

Driver's License / Pic ID \_\_\_\_\_

I declare under penalty of perjury under laws of the State of Minnesota that the foregoing is true and correct and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of M.S. 609.48, subdivision 1, by imprisonment for not more than five years or to payment of fin of not more than \$10,000, or both.

Signature<sup>3</sup> \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Name of individual who is the subject of the records or data sought.

<sup>2</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, ARDC may be unable to locate any or all records pertaining to you.

<sup>3</sup> Signature of individual who is the subject of the record sought.