EXHIBIT 6
CONSENT TO RELEASE PRIVATE DATA

I, _____, authorize the City of Lake City ("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 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 one year 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: _____