



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4877

**DATA DISCLOSURE REQUEST FOR PRIVATE, CONFIDENTIAL,
NONPUBLIC OR PROTECTED NONPUBLIC DATA**

I, _____
Print name: Last, First, Full Middle Street Address

City, State, Zip Code

request that the following information pertaining to my child/ren and/or myself be released by Goodhue County Health and Services to me:

1. List information you're requesting:

2. List person or persons and date of birth(s) the request for information pertains to (*this must be yourself and/or your child/ren*):

This information will be redacted per State Statute.

Printed name of requestor

Signature of requestor

Email address of requestor

Date of request