
Explanation of Your Rights

You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed on this form. Before you give us permission to release the data, we encourage you to review the data listed and described here.

You have the right to let us release the data to all, some, or none of the persons or entities listed on this form. This means you can choose which entities or persons may receive the data and what data they may receive. You have the right to ask us to explain the consequences for giving your permission to release the data.

You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.

If you have a question about anything on this form, or would like more explanation, please talk to CRWD administrator before you sign it.

I, ___________________________, give my permission for Clearwater River Watershed District (CRWD) to release data about me to ___________________________ as described on this form. I understand this decision to allow release of data to ___________________________ is voluntary.

1. The specific data the CRWD may release to ___________________________ are:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. I understand the CRWD would release the data ___________________________.
   ___________________________.

3. I understand that although the data are classified as private while in the possession of Clearwater River Watershed District, the classification/treatment of the data at ___________________________ depends on laws or policies that apply to ___________________________.

4. This authorization to release expires ___________________________.

Individual data subject’s signature ___________________________.
Date__________________

Parent/guardian’s signature (if data subject is a minor) ___________________________.
Date__________________