

# Passenger Release of Information Authorization Form

**Name of Passenger (please print)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I authorize Metro Bus staff to discuss any of the following information with the individuals noted below to the extent necessary for Metro Bus to provide me with public transportation service.

**Authorized Information (select all that apply)**

- Schedule and cancel rides
- Inquire about ride locations and times
- Discuss and appeal no-shows
- Discuss any accidents or incidents that occur on the bus
- Discuss changes in mobility
- Discuss the Dial-a-Ride Service Application or Recertification form
- Medical emergencies occurring while I am using Metro Bus service
- Other: \_\_\_\_\_

**Mail or fax completed applications to:**

**Metro Bus**  
 700 W. St. Germain St, Ste 100  
 St. Cloud, MN 56301  
  
 Phone: (320) 529-4497  
 Fax: (320) 257.7695  
 Email: [info@stcloudmtc.com](mailto:info@stcloudmtc.com)  
 Website: [www.ridemetrobus.com](http://www.ridemetrobus.com)

If the application is faxed, please mail the original or bring it to the interview.

**Authorized Agency Staff and/or Individuals (select all that apply)**

**Authorized agency and/or residential/group home staff include (please print):**

- All staff employed at \_\_\_\_\_ Agency  
 Contact Information (Phone): \_\_\_\_\_
- All Staff employed at \_\_\_\_\_ Residential/Group Home  
 Contact Information (Phone): \_\_\_\_\_

**Other authorized individuals include (please print):**

- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_

This release will remain on file for the duration of your eligibility with Metro Bus Dial-a-Ride service unless otherwise indicated by the passenger or their legal guardian.

Signature of Passenger \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Name (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Must provide legal documentation of legal guardianship, power of attorney, conservator status)**