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: ____________________________________________________________________________

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)

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
Website: www.ridemetrobus.com

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