

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR POTENTIAL GOVERNOR NOMINEES**

Name of Potential Governor Nominee:

Maiden Name or Previous Name(s):

I. AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby authorizes Heron Lake BioEnergy, LLC (the “Company”) and persons acting on the Company’s behalf to request, receive, disclose and deliver any and all information regarding the undersigned requested by the Company’s Nomination Committee (the “Committee”) as deemed necessary by the Committee to evaluate and recommend nominees for election as a Governor of the Company. I understand that this information includes, but is not necessarily limited to, the following information with respect to me and /or may affiliates: employment records, credit records and reports, educational and licensing records, civic and community service records including service on other boards, legal records including criminal history, public and non-public records, orders, contracts, and agreements, and such other records as may be requested by the Company.

I hereby authorize the release of any and all information or documents maintained by third parties which may be pertinent to the Committee’s evaluation of me as a potential nominee for election as a Governor of the Company. I specifically authorize that this Authorization for Release of Information will include all documents or information relating to my past and present work, skills, training, proficiencies, character, education, military, police, and licensure records, including information covered by the Privacy Act of 1974.

I hereby release all persons, firms, agencies, companies, or other entities, including the Company and persons acting on the Company’s behalf, from any liability or damages which may result from furnishing or evaluating the requested information.

This authorization is valid for twelve (12) months from the date of my signature below. A copy of the release has the same force an effect as the original.

II. REDISCLOSURE

I understand the information is being disclosed and may be used only for purposes of evaluating my potential candidacy to serve on the Board of Governors of the Company. State and/or Federal law provides that I have a right to prohibit redisclosure of certain information and further disclosure may not be had without my express written authorization, as indicated below.

I further understand that the recipient of this Authorization for Release of Information, WITHOUT FURTHER AUTHORIZATION, may disclose said information to:

Heron Lake BioEnergy, LLC, persons acting on its behalf, including its Board of Governors and its Nominating Committee, and their respective legal counsel, auditors, accountants, designees, or insurers or purposes of my potential candidacy to serve on the Board of Governors of Heron Lake BioEnergy, LLC.

I SPECIFICALLY AUTHORIZE AND CONSENT TO ANY SAID DISCLOSURE AND REDISCLOSURE.

III. SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I acknowledge that information to be released may include material that is protected by Federal and /or State law, including the Fair Credit Reporting Act (FCRA). A summary of rights under the FCRA is attached hereto.

Furthermore, I SPECIFICALLY AUTHORIZE disclosure and redisclosure of this confidential information of all of the persons referred to in Section II above.

I understand that I have a right to inspect the disclosed information at any time. For Minnesota residents, please check this box if you would like to receive a copy of your consumer report, if one is obtained.

This Authorization is effective for 12 months after the date it is signed. I Understand that I may revoke this Authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the Company’s Nominating Committee at: Heron Lake BioEnergy, LLC, Attn: Nominating Committee, 91246 – 390th Avenue, Heron Lake, MN 56137.

A photocopy or exact reproduction of this signed Authorization shall have the same force and effect as this original.

I hereby authorize the release of information as indicated above.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT.

Signature of Potential Governor Nominee

Date of signing

Street Address City State Zip Code