

Department of Public Safety
Division of Alcohol and Tobacco Control
Authorization for Release of Information
Confidentiality Oath

TO WHOM IT MAY CONCERN:

I understand that the Department of Public Safety, Division of Alcohol and Tobacco Control, may conduct a criminal history records check and/or review a background investigation before rendering a decision regarding any eligibility to perform services for the Department of Public Safety, Division of Alcohol and Tobacco Control, and that this authorization is part of that investigation.

I understand that the Department of Public Safety, Division of Alcohol and Tobacco Control, may conduct a criminal history records check periodically during the term of the janitorial contract.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Public Safety, Division of Alcohol and Tobacco Control, and all other persons, firms, corporations, and institutions applying the above requested information.

I understand in the process of performing the requirements of the contract, the contractor and/or the contractor's personnel may become aware of information required by law to be kept confidential. Therefore, I agree I must not at any time disclose, directly or indirectly, any information gained during the performance of the janitorial services.

Applicant's Name (Please print)

Date

Applicant's Signature

Birth Date

Applicant's Social Security Number

Driver's License Number or State Issued
ID Number and State Issued License

Gender of Applicant (Male or Female)

Contract Number	Building Address	City	County

Noncompliance

Misuse of official information. 576.050.

A person commits this crime if he or she knowingly obtains or recklessly discloses information from the Missouri uniform law enforcement system (MULES) or the National Crime Information Center System (NCIC), or any other criminal justice information sharing system that contains individually identifiable information for private or personal use, or for a purpose other than in connection with their official duties and performance of their job.

Misuse of official information is a class A misdemeanor

I agree that I have read the Security Awareness Training material that was provided to me. I understand what I have read and I do not have any questions. I agree to abide by the rules and regulations as outlined in the Security Awareness Training material.

Signature

Date

Printed Name

Agency Name

ORI