

**OFFICE OF ADMINISTRATION,  
DIVISION OF FACILITIES MANAGEMENT, DESIGN & CONSTRUCTION  
AUTHORIZATION FOR RELEASE OF INFORMATION CONFIDENTIALITY OATH**

Legal Name as it appears on Driver's License or State Issued ID		Vendor/Contracting Company Name
Social Security Number		Date of Birth
Building Address list each building on a separate line	Contract/Project Number	Badge Information Please indicate specific days and times below
EXAMPLE: 123 MAIN STREET, CITY, STATE, ZIP	123456	Is Proxy Badge Access Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: Days of Week Mon - Fri Times 8a-5p
		Is Proxy Badge Access Needed? Yes No If yes: Days of Week Times
		Is Proxy Badge Access Needed? Yes No If yes: Days of Week Times
		Is Proxy Badge Access Needed? Yes No If yes: Days of Week Times
		Is Proxy Badge Access Needed? Yes No If yes: Days of Week Times
		Is Proxy Badge Access Needed? Yes No If yes: Days of Week Times

I hereby authorize and request release to the State of Missouri, Office of Administration, Division of Facilities Management, Design & Construction, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, and criminal history record.

I understand that the Office of Administration, Division of Facilities Management, Design & Construction, may conduct and/or review a background investigation before rendering a decision regarding my eligibility to perform services for the Office of Administration, Division of Facilities Management, Design & Construction, and that this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Office of Administration, Division of Facilities Management, Design & Construction, and all other persons, firms, corporations, and institutions supplying 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.

Signature	Date
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**Please return completed form and head shot photo for ID Badge to [FMDCSecurity@oa.mo.gov](mailto:FMDCSecurity@oa.mo.gov).**