

**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.

<b>Signature</b>	<b>Date</b>
------------------	-------------

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

CRIMINAL JUSTICE INFORMATION SYSTEMS (CJIS)  
SECURITY AWARENESS

1. Criminal Justice Information is any information collected by the FBI (Federal Bureau of Investigation), MSHP (Missouri State Highway patrol) and other criminal justice entities and includes personally identifiable information. It includes ALL information viewed directly from state and federal systems and also data obtained from those sources.
2. All Criminal Justice Information is sensitive information and is privileged.
3. If you acquire any Criminal Justice Information by virtue of the performance of your job, regardless of the method of acquisition, you are not authorized to use or disseminate the information in any form.
4. You must not, at any time, directly or indirectly disclose any Criminal Justice Information learned during the performance of your duties.
5. Unauthorized access, use, or dissemination of CJIS data is unlawful, and may result in the imposition of administrative sanctions and/or state/federal criminal penalties. If you have information to indicate this has occurred, you must report it to the Department of Corrections.
6. Misuse of official information is a Class A Misdemeanor. Section 576.050.2 of the Revised Statute of Missouri states, *“A person commits the offense of misuse of official information if he or she recklessly obtains or 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.”*

I acknowledge receipt of the CJIS Security Awareness information.

---

Name (Please print)

---

Date

---

Signature

10/25/2018

Department of Corrections  
 Board of Probation and Parole  
 Authorization for Release of Information  
 Confidentiality Oath

TO WHOM IT MAY CONCERN:

I understand that the Department of Corrections, Board of Probation and Parole, 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 Corrections, Board of Probation and Parole, and that this authorization is part of that investigation.

I understand that the Department of Corrections, Board of Probation and Parole, 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 Corrections, Board of Probation and Parole, 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

Contract Number	Building Address	City	County