



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
FMD/SECURITY
STATE IDENTIFICATION BADGE AGREEMENT**

I acknowledge that I have received a State Identification Badge. By accepting this badge, I agree and understand that I shall not allow anyone else to use it. Nor shall I allow anyone to enter a building or secured area via my after-hours or secured-area badge access, if any, other than me. Further, I agree not to duplicate or alter my badge or the access it provides in any way. If my badge is lost or stolen, I shall immediately report this to the appropriate badge office and my supervisor or the Authorized Representative of the State agency or office that requested my badge for me. When my State employment or my work for which the badge was granted ends, I shall ensure that my badge is promptly returned to the appropriate badge office or to the Authorized Representative of the State agency or office that requested my badge for me. I understand that failure to abide by this Agreement may result in cancellation of my badge and/or refusal of a badge in the future, or where applicable, disciplinary action up to and including dismissal.

Requesting State Agency/Office	
Badge Holder Name	
Badge Holder Signature	
Date	

This form or an electronic copy of it shall be retained by the agency or office that requested the badge at issue.

