



Missouri State Highway Patrol
Criminal Justice Information Services Division (MSHP-CJISD)

WAIVER AGREEMENT AND STATEMENT

Missouri VECHS Program

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by an Authorized Recipient (AR).

I, the undersigned, hereby authorize _____
Name of Authorized Recipient (AR)

to submit a set of my fingerprints to the MSHP-CJISD and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri record from the MSHP-CJISD, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30-34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the AR.

I understand that, until the criminal history background check is completed, the AR may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the AR may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars: _____

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

The AR may share/disseminate my criminal history record information with other authorized recipients only after confirming that the recipient has a signed user agreement on file with the MSHP-CJISD and the dissemination is in accordance with state and federal law.

Yes **No**

ORI/OCA or MACHS Number: _____

This document must be retained by the AR and is subject to audit by the MSHP-CJISD and FBI.