



Missouri State Highway Patrol
Criminal Justice Information Services Division

MoVECHS WAIVER AGREEMENT AND STATEMENT
Missouri Volunteer and Employee Criminal History Service (MoVECHS)

For Criminal History Record Checks under the National Child Protection Act of 1993 (NCPA),
as amended by the Volunteers for Children Act (VCA)

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize, \_\_\_\_\_
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing Missouri open and closed criminal history records and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will 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, describe the crime(s) and the particulars in the space below:

I am a current or prospective (check one): Applicant [ ] Employee [ ] Volunteer [ ] Contractor/Vendor [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

MSHP Assigned Qualified Entity Number: \_\_\_\_\_