



**Missouri State Highway Patrol
Criminal Records and Identification 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, Park University School for Education

Name of Qualified Entity

to submit a set of my fingerprints and this form to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing Missouri and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me 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 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: Park University School for Education

Address: 8700 NW River Park Dr

Telephone: (816) 584-6335 Fax: (816) 741-4371

MSHP Assigned Qualified Entity Number: V08300002

ORIGINAL — RETAINED BY QUALIFIED ENTITY