



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 information pursuant to the National Child Protection
Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA),
And the Adam Walsh Child Protection and Safety Act of 2006

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 state and national criminal history records that may pertain to me. I understand
that I would be able to receive any Missouri records pursuant to Chapter 43 RSMo from the MSHP, and
any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to
Title 28 Code of Federal Regulations (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, please describe the crime(s) and the particulars:

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

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

NOTE: This document must be retained by the agency/qualified entity for audit purposes.