ATTACHMENT E: VENDOR CRIMINAL HISTORY AND RELEASE FORM

Department of Employment and Economic Development
State Services for the Blind (SSB)
Vendor Criminal History and Release

Minnesota Government Data Practices Notice: Information requested on this form is governed by the Minnesota Government Data Practices Act, M.S. 13.04 which requires SSB provide you with the following notice regarding the information you provide on this form:

Purpose for requesting the data: The requested information is a continuation of the application process for a master contract for those providing adjustment to blindness and related rehabilitation services for SSB consumers, or continuation of a current master contract for the provision of adjustment to blindness and related rehabilitation services for SSB consumers. Your signature on this form authorizes SSB to request a search of your record for any criminal history.

Requirements to provide the requested information: You are not legally required to provide the information; however, SSB will not contract with applicants or contractors that refuse to provide the information.

Identity of those who will receive the data: Access to this information will be limited to individuals within SSB whose job duties reasonably require access and to any individuals to whom you provide written consent.

Personal Information to be completed.

Please provide the following information in next column	Please print your information
Last Name	
First Name	
Full middle name	
Maiden, alias or former name	
Date of birth (mm/dd/yy)	
Gender (M or F)	
Optional: Social Security Number	
Race/Ethnicity	

I certify the above information to be true and accurate to the best of my knowledge. I understand providing false or inaccurate information may result in suspension, debarment or any other remedies allowed by law.

I authorize the Bureau of Criminal Apprehension (BCA) to disclose all criminal history record information to SSB for the purpose of contracting services. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature_____ Date_____

Notary Public

Subscribed and sworn to me this _____ day of _____
My commission expires: _____

This information can be provided in alternate formats such as braille and audio by calling SSB at (651) 539-2300 or (1-800) 652-9000.