

Press release:

If you are appointed, the Governor's office will issue a press release announcing your appointment pending completion of the process. Please supply our office with the following information to be used in such a press release. Include a recent photograph that will be used for the press release or go to the Additional Requirements page of the online application to upload a recent photo.

[Name]: _____, of [hometown]: _____

Is [job title and current place of employment]: _____

[Name] holds [list earned degrees, e.g. bachelor's, master's, etc. *] _____

(*If you hold no degrees, please list relevant job or community service experience.)

Examples:

John A. Doe, 38, of Jefferson City, is president of ABC, Inc. Doe holds a bachelor's degree in business administration from XYZ University and a master's of business administration degree from ABC University School of Business.

OR

John A. Doe, 38, of Jefferson City, is the owner and operator of Doe and Associates. Doe previously served as division manager at ABC Company. Doe is a certified personnel consultant.

**EXECUTIVE OFFICE, STATE OF MISSOURI
AUTHORIZATION & RELEASE**

I, (name) _____, born at (city) _____,
(state) _____, on (date) _____, and currently residing at (address) _____

_____, (county) _____ having applied for a governmental appointment, hereby consent to the release of information to the Office of the Governor. I authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, associate, or institution having control of any documents, records or other information pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner, or may be a responsible person for collection of taxes under the tax laws of the state of Missouri, to furnish to the Office of the Governor through the Missouri State Highway Patrol any such information, including all credit reports or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Office of the Governor, the Missouri State Highway Patrol or any of their agents or representatives to inspect and make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Office of the Governor through the Missouri State Highway Patrol. This tax information may include but is not limited to individual income tax, sales tax, use tax, withholding tax or any other tax that is administered or collected by the Department of Revenue pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner or may be a responsible person for collection of taxes under the tax laws of the state of Missouri. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I authorize the custodian of my military records to release to the Office of the Governor through the Missouri State Highway Patrol information for personal review or photocopies from my military personnel file and related medical records, or only the following information/records:

This could include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name) _____, hereby release, discharge and exonerate the Office of the Governor, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, their agents and representatives, and any person so furnishing information hereunder, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities. A copy of this release shall have the same effect as the original.

This authorization shall remain in full force and effect until the Office of the Governor is notified in writing that this release has been revoked by the undersigned individual.

(Signature) (Date)

(Social Security Number)

(Signature of Spouse) (Date)

(Spouse's Social Security Number)

MISSOURI STATE SENATE AUTHORIZATION & RELEASE

I, (name) _____, born at (city) _____,
(State) _____, on (date) _____, and currently residing at (address) _____
_____, (county) _____, hereby consent to
the release of any and all records and information, including any and all confidential, closed or privileged
records and information to the Missouri State Senate.

I authorize and request every person, firm, company, corporation, government agency, including the
Missouri Governor's Office, law enforcement agency, court, association, institution or other entity having
control of any documents, records or other information pertaining to me, to furnish to the Missouri State
Senate or its authorized agent or representative any such information, including any complaints erased,
deleted or expunged by law, whether formal or informal, pending or closed, or any other pertinent data;
and to permit the Missouri State Senate or any of its authorized agents or representatives to inspect and
make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax
periods to the Missouri State Senate or its authorized agent or representative. This tax information may
include but not limited to individual income tax, use tax, withholding tax or any other tax that is
administered or collected by the Department of Revenue. The Director of Revenue and Department
personnel are hereby released from any and all liability pursuant to unauthorized disclosures of
confidential tax information resulting from release of information covered by section 32.057, RSMo, under
this document.

I authorize and request the Missouri State Highway Patrol and every other law enforcement agency and
officer of the United States, this State or any other state or territory of the United States or any foreign
country to release to the Missouri State Senate or its authorized agent or representative any and all
documents, records or other information pertaining to me.

I authorized and request that any court of law of this State, the United States, any other state or territory
of the United States or of any foreign country, including the Office of Chief Disciplinary Counsel under the
Missouri Supreme Court, release to the Missouri State Senate or its authorized agent or representative
any and all documents, records, holdings, rulings, decisions or other information pertaining to me.

I authorize and request that the custodian of my military records release to the Missouri State Senate or
its authorized agent or representative any and all information for personal review or photocopies from my
military personnel file and related medical records, or only the following information/records:

This may include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name) _____, hereby release,
discharge and exonerate the Missouri State Senate, the Missouri Department of Revenue, the State of
Missouri, their authorized agents and representatives, and any person or entity so furnishing information
from any and all civil or criminal liability of every nature and kind arising out of the furnishing or inspection
of such documents, records, and other information or any investigation or report made by the above
persons or entities.

This authorization shall remain in full force and effect until the Missouri State Senate is notified in writing
that this Release has been revoked by the undersigned individual. A copy of this Release shall have the
same effect as the original.

(Signature) _____ (Date) _____

(Social Security Number) _____

(Signature of Spouse) _____ (Date) _____

(Spouse's Social Security Number) _____