



Washington State
Department of Social
& Health Services

Division of Vocational Rehabilitation
Background Check Contractor Designated Contact(s)
Solicitation #0115-0101
Exhibit J

Please PRINT clearly in all boxes, except for signature box.

This form is for the staff person(s) who deals with confidential information in your organization.

CONTRACTOR NAME AS REGISTERED WITH THE IRS

CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

NAME OF PRIMARY PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION

TITLE:

PRIMARY PERSON'S PHONE NUMBER

() - Extension:

PRIMARY PERSON'S EMAIL ADDRESS

PHYSICAL/MAILING ADDRESS OF PRIMARY PERSON

STREET:

CITY:

STATE: ZIP: -

NAME OF BACKUP PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION

TITLE:

BACKUP PERSON'S PHONE NUMBER

() -

BACKUP PERSON'S EMAIL ADDRESS

PHYSICAL/MAILING ADDRESS OF BACKUP PERSON

STREET:

CITY:

STATE: ZIP: -

I have designated the above staff to process confidential background information. Each designated employee listed above has read and signed a background check confidentiality agreement. A copy of the agreement has been provided to the employee and DVR Contracts Unit.

I will notify DVR within fourteen (14) calendar days of changing designated contacts.

CONTRACTOR SIGNATURE

DATE

PRINTED NAME

TITLE