



MISSOURI DEPARTMENT OF
REVENUE

License Office Confidentiality Video Acknowledgment

I, _____ employed by the _____
(Enter Employee Name Here) (Enter License Office Name Here)

acknowledge that I viewed the confidentiality training video provided by the Missouri Department of Revenue, License Offices Bureau on ____ / ____ / _____.
(Enter Date Here (MM/DD/YYYY))

Based on the information contained within the training video, I have an understanding of:

- The definition of confidentiality;
- The importance of keeping information confidential;
- Confidentiality breaches and steps to prevent breaches from occurring; and
- The [Missouri statutes](#) and other Department [procedures](#) and policies related to confidentiality.