

F.Y.	Cost Center	Obj. Code	Amount	Vendor #	P.O. #
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Department Contact Name:
Contact Name Telephone Number:
Cost Center Authorization Name Printed:
Cost Center Authorization Name Signature:

**STATE OF MINNESOTA
MINNESOTA STATE COLLEGES AND UNIVERSITIES
DATA DISCLOSURE INFORMATION**

NOTICE TO VENDORS AND CONTRACTORS:

You are required by Minnesota Statute §270C.65 to provide either a social security number, a federal taxpayer identification number or a Minnesota tax identification number. This information may be used in the enforcement of federal and state tax laws. Supplying these numbers could result in action to require you to file state tax returns and pay delinquent state tax liabilities. This contract will not be approved unless these numbers are provided. These numbers will be available to federal and state tax authorities and state personnel involved in approving the contract and the payment of state obligations.

Name and Address:

Social Security Number or
Federal Taxpayer ID Number or
Minnesota Tax ID Number:

- Current state employees are ineligible to enter into a contract for Services with the state.
Are you a current state employee? Yes / No
- Past employees who have received a separation incentive under Board Policy 4.11 are ineligible to enter into a contract for services for one year following separation.
Have you ever been a state employee? Yes / No
If yes, (1) what was your separation date? _____
(2) Did you receive a separation incentive? Yes / No
- Contractor: please initial _____

BUSINESS OFFICE USE
(AS APPLICABLE):
The date of this contact is _____

I have reviewed the contract and separation dates and determined this former employee is eligible to enter into this contract because the early separation incentive was received more than one year ago.

[BUSINESS OFFICER SIGNATURE]

For any person hired as an independent contractor, Minnesota Statute §256.998 requires the following information be submitted to the Department of Human Services except for those persons whose contract is for less than two months with gross earnings of less than \$250 per month. This information may be used in the enforcement of state and federal child support laws and will be provided to the Minnesota New Hire Reporting Center, P.O. Box 64212, St. Paul, MN 55164-0212. This contract will not be approved unless this information is provided.

Social Security Number:
Date of Birth (mm/dd/yyyy):

THIS PAGE CONTAINS PRIVATE INFORMATION AND, EXCEPT AS DEFINED ABOVE, SHALL NOT BE REPRODUCED OR DISTRIBUTED WITHOUT EXPRESS WRITTEN PERMISSION OF THE VENDOR OR CONTRACTOR. ONLY INDIVIDUALS THAT REQUIRE THE ABOVE INFORMATION AND INDIVIDUALS SIGNING THIS CONTRACT SHALL HAVE ACCESS TO THIS DATA.