

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JEFF FRANKLIN
INTERIM CHIEF INFORMATION OFFICER

Exhibit G
Authorization to Release Information
Alterations to this document are prohibited

Date: _____

Matthew Behrens
Iowa Office of the Chief Information Officer
Hoover State Office Building
B Level, 1305 E Walnut St.
Des Moines, IA 50319

Re: NOFA Number 001—AUTHORIZATION TO RELEASE INFORMATION

Dear Issuing Officer:

_____ (**Applicant**) hereby authorizes the Office, the Review Committee, or other agents, independent contractors, or other third parties acting on behalf of or directed by the Office to obtain information regarding Applicant's performance on other contracts, agreements or other business arrangements, its business reputation, or any other matter pertinent to evaluation and the selection of a successful Applicant in response to the NOFA.

Applicant acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. Applicant acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the State or may otherwise hurt its reputation or operations. Applicant is willing to take that risk.

Applicant hereby releases, acquits and forever discharges the State of Iowa, the Office, their officers, directors, employees, agents, and members of the Review committee from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references obtained by the Office, the Review Committee, or other agents, independent contractors, or other third parties acting on behalf of or directed by the Office in the evaluation and selection of successful Applicants in response to the NOFA.

Applicant authorizes representatives of the Office, Review Committee, or other agents, independent contractors, or other third parties acting on behalf of or directed by the Office to contact any and all of the persons, entities, and references which are, directly or indirectly, listed, submitted, or referenced in Applicant's Application submitted in response to the NOFA.

Applicant further authorizes any and all persons and entities to provide information, data, and opinions with regard to its performance under any contract, agreement, or other business arrangement, its ability to perform, business reputation, and any other matter pertinent to the evaluation of Applicant's Application. Applicant hereby releases, acquits and forever discharges any such person or entity and their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting Applicant that it may have or ever claim to have relating to information, data, opinions, and references supplied to the Office, the Review Committee, or other agents, independent contractors, or other third parties acting on behalf of or directed by the Office in the evaluation and selection of a successful Applicant in response to the NOFA.

Sincerely,

Authorized Representative’s Signature

Date

Name (Printed)

Title

Entity

NOFA Number