



**CONFIDENTIAL PRINT AND MAIL SERVICES
SUBMISSION OF CONFIDENTIAL INFORMATION**

State Form 53623 (R3 / 1-19)
INDIANA DEPARTMENT OF ADMINISTRATION

FOR OFFICE USE ONLY

Date received (month, day, year)

Received by

Please submit this form **at least forty-eight (48) hours before job submittal** to your agency's assigned Account Manager and Lora Robinson (lrobinson@blueoctopusprinting.com) with the e-mail subject as **NEW CONFIDENTIAL FILE** (in all caps) and the Indiana Department of Administration (IDOA) Print / Mail Services Inbox at Printmailservices@idoa.in.gov.

*** The purpose of this document is to outline and discuss how Indiana Department of Administration (IDOA) will work with the agencies to assist in fulfilling the requirements pursuant to 10 IAC 5-3-1(14); the Contractor and the State agree to comply with the provisions of IC 4-1-10 and IC 4-1-11. The Contractor shall report all unauthorized disclosures of Social Security numbers and confidential information to the State Contract Representative.

CUSTOMER INFORMATION

Name of agency	Agency number	Name of department	
Name of contact	Contact telephone number ()	Contact e-mail address	

JOB INFORMATION

Job number			
<i>In the event there are samples, overprints, and/or misprints, please indicate if the items should be picked up, delivered, or destroyed.</i>			
<input type="checkbox"/> Pickup by:	Name of contact (if different from above)	Telephone number ()	E-mail address
<input type="checkbox"/> Deliver to:			
<input type="checkbox"/> Destroy			
Print job is (check one): <input type="checkbox"/> One time <input type="checkbox"/> Ongoing		If print job is ongoing, please provide the time frame.	
Comments / Additional details:			