

REJIS Network Operator Identification Form

Universal ID Access Form

Confidential

Form Function

- () Initial Access
- () Modification
- () Delete

Agency Type

- () Law Enforcement
- () Fire Department
- () Emergency Mgt
- () Other

Agency _____ ORI _____
 (Criminal Justice Agency)

Division/Department _____

*Only shaded fields need to be completed for modifications or deletions

Operators Name _____
 (Last) (First) (Middle)

Operator Date of Birth ____/____/____ Soc Sec # ____ - ____ - ____ Title _____

Operator Work Number ____ - ____ - ____ Operator Work E-mail address _____

Officer DSN _____ Assignment _____

Access Level (circle each appropriate access)			
System:	None	Read Only	(View/Search/Manage all agencies' data.)
Agency Type:	None	Read Only	(View/Search/Manage agency types settings (i.e., law enforcement, fire).)
Agency:	None	Read Only Admin	(View/Search/Manage data within their agency only.)
Card Production:	No (REJIS personnel only)		(Can operate card production station.)
Card Capture:	Yes	No	(Can operate photo capture station.)

Access Authorized Supervisor Signature _____ Date _____

By: Printed Name _____

Personal Security Verification:

To verify your identity in the future, after you receive your User ID and password, login to the REJIS Extranet (<http://rejis-extranet.rejis.org>) and under the category of Assistance Center, select Password Security Questions. When prompted select two security questions and enter the appropriate answers. These questions will be asked in future contacts with REJIS and you must respond with the answers you provide on-line.

Acknowledgement of Access and Privacy Regulations

I acknowledge that I have access to confidential criminal justice and other government agency data. I understand that in all cases I may not retrieve for personal use or disseminate ANY information obtained through the REJIS system unless authorized by policy/statute and my employment. I also understand that any unauthorized entry, modification, deletion, retrieval or dissemination of such information may result in civil or criminal action, termination of employment or cause a loss of access privileges for me and/or my employer.

I certify that I will abide by the rules and regulations of REJIS and the systems to which I have access.

 Signature Date

Certification of Security Review (to be signed by requestor's supervisor or other authorized person)

I certify that this operator's background, including CHRI, has been screened utilizing fingerprint cards and no disqualifying record was revealed.

 Signature Date

 Print Name Position or Title

Name of Contact to be notified after form has been processed if other than the operator. Must include a phone number or email address: _____

***** FOR REJIS USE ONLY: *****

Userid: _____ Top Secret/RSS Updated On: _____ By: _____ APD Updated on: _____ By: _____

This form must be returned to the REJIS Helpdesk. REJIS Fax Number: 314-531-6634