



CISS USER AUTHORIZATION REQUEST / AGENCY FORM
 55 Farmington Avenue, Hartford, CT 06105
 CJIS Help Desk: (860) 622-2000 - CJIS.HelpDesk@ct.gov

TYPE of ACCESS Requested:	NEW	MODIFY	TERMINATE
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If Modify or Terminate (Provide Current User ID)

Section 1 - CJIS User Identification – Please refer to the CISS User Authorization Request Form Instructions

Applicant's Name (First and Last Name)	Applicant's Signature (REQUIRED)
Email Address	Employer (Agency) or Police Department Name
Office Phone Number	Dept./Assignment (Dispatcher, Officer, Records, etc.)
Office FAX Number	Department Address (Street, City, Zip)
CJIS-CISS Identity Provider User Account Name <small>For Admin Use Only</small>	For Admin Use Only
Federated Identity Provider User Account Name <small>For Admin Use Only</small>	COLLECT User ID (REQUIRED for COLLECT Claims)
MFA Primary Phone Number Please indicate: ___Work ___Mobile ___Home	MFA Secondary Phone Number Please indicate: ___Work ___Mobile ___Home

Section 2 – CISS Account Access - Please refer to the CISS User Authorization Request Form Instructions
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<p>Sworn Law Officers Only</p> <p>Police Officer Standards & Training Certification:</p> <p>P.O.S.T. Certification Credit Requested</p> <p>Yes _____ No _____</p> <p><small>If POST credit is not required, user will be enrolled in Computer Based Training (CBT) for new access</small></p>	<p>POST Certification Credit Training Dates can be found at https://portal.ct.gov/cjis (follow link for CJIS Academy)</p> <p>Certification Training Date:</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="color: red;">Please choose a date from the dates published on the CJIS Academy website. with the "Date Picker" or type in a training date (mm/dd/yyyy)</p> </div> <p>Police Officer Standards & Training (P.O.S.T.) for Sworn Law Enforcement ONLY.</p>
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Section 2 – CISS Account Access - Please refer to the CISS User Authorization Request Form Instructions

Please Select Appropriate GFIPM Claim(s) AND/OR CISS Administrative Responsibility (if applicable)

Refer to the CUAR instructions for selecting claims.

If you are modifying a previous claim request select all claims that apply, not just new requests. Unselected claims will be removed from user's access.

- GFIPM Claim(s): (REQUIRED)**
- Public Data
 - Government Data
 - Criminal Justice Data
 - Criminal History Data
 - Criminal Investigative Data
 - Criminal Intelligence Data
 - Sworn Law Enforcement Officer
 - Youthful Offender Data
 - Criminal Justice Data Edit (Stewards ONLY)
 - COLLECT Certification Indicator
 - Wanted file Data
 - Weapons Data

- CISS Administrative Responsibility:**
- Local Agency Security Officer (LASO)
 - CISS Community Agency Administrator

Section 3 Arrest Notification (MVP) – For DMV, DOC, BOPP, JUD/CSSD, DCJ agency MVP users ONLY!

Message Viewer Portal (MVP) Access:

Request MVP Access

Current CISS User/Admin/LASO?

Yes No

Agency (Select your agency)

DMV | DOC | BOPP | JUD/CSSD | DCJ

Section 4 – TAC Officer Approval (Required) - Please refer to the CISS User Authorization Request Form Instructions

TAC Officer's Name (First and Last Name)

TAC Officer's Signature (REQUIRED)

Phone Number

FAX Number

TAC Officer's EMAIL

Date

Section 5 – Agency Approver/Designee Approval (Required) - Please refer to the CISS User Authorization Request Form Instructions

Agency Approver/Designee's Name (First and Last Name)

Agency Approver/Designee's Signature (REQUIRED)

Phone Number

FAX Number

Agency Approver/Designee's EMAIL

Date



CISS Confidentiality Acknowledgement

User Information (Applicant)			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Position/Job Title</i>
<i>Agency or Organization Name</i>		<i>Agency or Organization Address</i>	
Guidelines			

CISS Confidentiality Acknowledgement

of Data Related to the State's Criminal Justice Information System

Review all sections referenced below and direct any questions to your supervisor.

Connecticut General Statutes are available on the Internet at:

<http://www.cga.ct.gov/current/pub/titles.htm>

- 53a-250 to 53a-261. Computer-related offenses
- 53-451 to 53-453. Computer crimes
- 52-570b. Action for computer-related offenses
- 54-142g to 54-142s. Security and privacy of criminal records
- 14-10. Privacy of personal information from motor vehicle records.

CT CJIS Security Policy is available on the CJIS Website at:

http://www.ct.gov/cjis/lib/cjis/publications/CT_CJIS_Security_Policy_Final.pdf

Federal CJIS Security Policy is available on the Internet at:

<http://www.fbi.gov/about-us/cjis/cjis-security-policy-resource-center/>

User Agreement

I am familiar with the substance and intent of the guidelines referenced above, and any other guidelines that I was provided with before completing this agreement.

I agree to abide by all related policies and procedures, to use the computer systems and disclose information only as authorized by the program manager in connection with the performance of my duties as an employee. For purposes of this policy, "employee" includes all persons employed by the agency or organization where there is remuneration for such employment. Additionally, individuals who are considered to be volunteers or interns providing services are employees under this policy.

I agree to report any arrests, court proceedings, or other personal events to my supervisor that may change my suitability to use the computer systems.

I understand that in fulfilling my assigned responsibilities, I may be granted access to certain information systems in connection with my work with CJIS.

I agree to access and use the data only for the performance of my official duties and not for personal reasons or curiosity.

I acknowledge the need for maintaining the strictest confidentiality of the data with which I will be working in connection with CJIS.

I will maintain secure custody of any printed or electronic material that contains confidential CJIS data or information.

I will maintain secure custody of any physical data that may be in my possession as it relates to my assigned responsibilities.

I understand that I remain subject to these confidentiality provisions with regard to any confidential information to which I am given access in connection with my work on CJIS projects, even following my departure from the program or termination of my employment with my current employer.

I agree to immediately report to my supervisor any breach of this agreement, accidental or otherwise, or any loss of confidential information.

I agree to ensure my device on which I am accessing CISS shall prevent further access to the system by initiating a session lock after a maximum of 30 minutes of inactivity, and the session lock remains in effect until I reestablish access using appropriate identification and authentication procedures. I also agree to directly initiate a session lock mechanism to prevent inadvertent viewing when my device is unattended. Devices located within a physically secure location (police car or police building) are exempt from this requirement. Note: an example of a session lock is a screen saver with password.

I understand that if I do not secure, or if I misuse, the CJIS information under my control, I may be subject to any applicable civil and/or criminal sanctions, and to administrative sanctions of my employer.

*****You must acknowledge each of the above statements, sign and date this form to be granted access*****

Signature (REQUIRED)

Date signed