



# Virginia Department of Criminal Justice Services

## TRACER – Confidential Information Agreement

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Applicant Name: \_\_\_\_\_

Position: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Access Level (check one):

<input type="checkbox"/> Academy Admin	<input type="checkbox"/> Agency Admin
<input type="checkbox"/> Academy Staff	<input type="checkbox"/> Agency Staff
<input type="checkbox"/> Academy Read Only	<input type="checkbox"/> Agency Read Only

I understand that all information concerning any agency or officer's data that may come to my knowledge while using the TRACER online system or otherwise provided by the Virginia Department of Criminal Justice Services is to be held in strictest confidence. I understand that computer system password(s) I receive or devise are confidential. I will not disclose to any unauthorized person any password(s) that I am given or devise, and I will not write down such password(s) or post them where they may be viewed by unauthorized individuals. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of any passwords that I receive or devise. I agree NOT to attempt to circumvent the computer security system. I will notify DCJS at once of any change in my employment and/or being moved from a position which no longer requires access to TRACER on-line system and records.

Applicant Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**I give my permission for the above named individual to be issued a computer system password to the TRACER online system. I further acknowledge that all information entered into the TRACER online system by the above-named individual constitutes an official record and has the same validity as information submitted with my signature.**

Administrator Signature: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Title: \_\_\_\_\_

Date: \_\_\_\_\_