

Department of Criminal Justice Services

CONFIDENTIAL INFORMATION AGREEMENT

Name:	Position:
Agency Name:	SSN:
Phone Number:	E-mail:

I understand that all information concerning any agency or officer's data that may come to my knowledge while using the T-REX Online System or otherwise provided by the 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 On-line records.

<i>Applicant Sign here</i>	Name:	Date
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I give my permission for the above named individual to be issued a computer system password to the T-REX online system. I further acknowledge that all information entered into the T-REX online system by the above-named individual constitutes and official record and has the same validity as information submitted with my signature.

<i>Administrator Sign here</i>	Name:	Title	Date
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