



## EMPLOYEE Acknowledgment of the Confidentiality of Data Related to the State's Criminal Justice Information System

User Information							
Last	name		First name	Middle name	Position/Job title		
Name of agency or organization				A state and the Address of			
ivarne or agency or organization				Agency Address			
Cuit	ما دا: ب						
Guid	delir	1 <b>es</b>					
Befo	Before submitting this form, review all sections referenced below and direct any questions to your supervisor.						
a.	Connecticut General Statutes [Available on the Internet at: <a href="http://cga.ct.gov/asp/menu/Statutes.asp">http://cga.ct.gov/asp/menu/Statutes.asp</a> ]						
	<ul> <li>□ 53a-250 to 53a-261. Computer-related offenses.</li> <li>□ 53-451 to 53-453. Computer crimes.</li> <li>□ 52-570b. Action for computer-related offenses.</li> <li>□ 54-142g to 54-142s. Security and privacy of criminal records.</li> <li>□ 14-10. Privacy of personal information from motor vehicle records.</li> </ul>						
b. :	State	e Policy					
		CJIS Security Policy					
c.	Federal Guidelines						

## **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.
  - o 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 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.

Signature		Date signed
Name of witness	Signature of witness	Date signed
Name of witness	Signature of witness	Date signed
Name of witness	Signature of witness	Date signed
Name of witness	Signature of witness	Date signed
Name of witness	Signature of witness	Date signed
Name of witness	Signature of witness	Date signed