DEPARTMENT OF CHILDREN AND FAMILIES
ACCEPTABLE USE OF LexisNexis SYSTEM

I understand that the LexisNexis database is provided by DCF as a business tool and is to be used solely to conduct State of Connecticut business. I understand that approved state business for LexisNexis use includes background checks of prospective foster and adoptive parents, including relative resources, and foster parent recruitment. I understand that unacceptable system usage is defined as any activity NOT in conformance with the identified approved uses. I understand that, if I am in doubt about whether usage for a particular reason is approved, I will seek clarification from the DCF Office of Children and Youth in Placement prior to accessing the LexisNexis database.

I understand that all other State of Connecticut and Department of Children and Families Acceptable Use Policies are applicable to the use of the LexisNexis database.

I understand that access to LexisNexis is password protected and that an authorized user's password cannot be shared with unauthorized user.

__________________________
Print name of Authorized User

__________________________
Signature
Date
(Signature acknowledges receipt)

NOTE: Upon signature this document should be scanned and emailed to the DCF Office of Children and Youth in Placement.