

# Form -1

## CJIS-CT AGENCY ACCOUNT REQUEST FORM



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| Request Number   |  |
| CJIS-CT Applicable Statutes  | C.G.S. Sec. 54-142g<br>C.G.S. Sec. 54-142q<br>C.G.S. Sec. 54-142s  |
| Name of Requestor  |  |
| Name of Agency   |  |
| Address of Agency  |  |
| Work email of Agency Head  |  |
| Phone number Agency Head   |  |
| Purpose for requesting access  |  |
| Description of the access needed   |  |
| <p>Statutory Authority: Statute authorization which permits requesting Criminal Justice Information.</p> <p>If you do not know which statute to choose, contact legal for assistance.<br/>We cannot advise you on which statute to choose.</p> <p>Comments explaining the need for an agency account, roles and number of users.</p> | <p>Mention statutes</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>   |
| Agency has law enforcement responsibilities(LEA GFIPM Claims)  |  |
| Number of Users in the Agency  |  |
| Roles in the Agency  |  |
| GFIPM Claims needed  |  |
| <b>BELOW TO BE COMPLETED BY CJIS-CT Analyst</b>  |  |
| Is the OU for agency created?  |  |
| If the Agency OU exists, send email request to Agency CAA to complete the onboarding process of the user(s).   | <input type="checkbox"/> Confirm<br><input type="checkbox"/> Date Sent Click or tap to enter a date.<br><input type="checkbox"/> Follow-up Click or tap to enter a date. |
| If the agency OU does not exist, send an email to the CJIS-CT Executive Director requesting approval.  | Confirm <input type="checkbox"/><br>Date sent to ED<br>Follow-up   |

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| CJIS-CT Executive Director will coordinate with appropriate authority to grant permission for onboarding. |  |
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APPROVED BY

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Requestor Agency Head/Designee

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DATE

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CJIS-CT Executive Director

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DATE

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Please reach out to [cjis.helpdesk@ct.gov](mailto:cjis.helpdesk@ct.gov) for any support.