



## ACKNOWLEDGMENT OF THE CONFIDENTIALITY OF DATA RELATED TO THE STATE'S CRIMINAL JUSTICE INFORMATION SYSTEM

I understand that in fulfilling my assigned responsibilities, I may be granted access to certain confidential information in connection with my work with the state's Criminal Justice Information System (CJIS). I hereby 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. Further, 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 if I fail to secure the CJIS information under my control, I may be subject to civil and criminal sanctions.

I further understand that I remain subject to the confidential provisions herein 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 state or, if a vendor, the termination of my relationship with the state.

Any breach of this agreement, accidental or otherwise of any loss of confidential information shall be immediately reported to my supervisor.

Print Name:			
Relationship (Circle One):	State Employee		Vendor
CJIS Role:			
Signature:		Date:	