

Keith Jackson Secretary

Andy Beshear Governor

KENTUCKY STATE POLICE

919 Versailles Road Frankfort, Kentucky 40601 www.kentuckystatepolice.org Col. Phillip Burnett, Jr. Commissioner

SECURITY AND PRIVACY TRAINING REQUEST

		DATE		
AGENCY NAME		ORI:		
ELEPHONE: FAX:				
AGENCY CONTACT: (Point of contact for adding and removing	ng names from agen			
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their individua <mark>l responsibilities and expe</mark>	ment of information ceted behavior when a nsibilities of those po thmission CON	accessing CJI ar ositions and the i	ers with authorized access to CJI should be made aware of and the systems which process CJI. LASOs require enhanced impact those positions have on the overall security of N WILL NOT BE GRANTED ACCESS	
NAME (shall include middle initial) Example: Smith, John M	DATE OF BIRTH mm/dd/yyyy	LAST FOUR SOCIAL	EMAIL ADDRESS (REQUIRED IF NO EMAIL THEN YOU WILL NEED ONE PRIOR TO REQUEST)	Prints
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		Serving Our Cityrens		
	- 100	CILS	3 5 1	
	SIGN	NATURE OF	AGENCY HEAD or DESIGNEE FOR AGENCY	
Return Form To: erin.ol	iver@ky.gov		**Ensure Signed CJIS Security Addendum for IT personnel with access to NCIC networks is comple	