

**SUBSCRIBER ACCESS
TRAINING REQUEST FORM AND
REQUEST FOR ACTION ON JIMS LOGON ID**

This form is required for any addition of, deletion of, or change to a JIMS logon ID and must be completed and signed by the agency contact person or their designee. Employees needing logon IDs are required to attend an Orientation Class and sign a Security and Privacy document before receiving their codes. Send completed Request for Action forms and payment to:

Subscriber Access Program, P.O. Box 52366, Houston, Texas 77052-2366

You will be contacted by a JIMS Training Specialist once this form and payment have been received.

DATE: _____

TO: Justice Information Management System - Training Section

FROM: _____
(Name of Agency)

TYPE OF REQUEST:

- DELETION:** Employee is no longer with your agency or is no longer authorized to have access.
- CHANGE NAME:** Include former name in parentheses below.
- CRIMINAL TRAINING/RETRAINING:** Your agency must have a current criminal contract.
- CIVIL TRAINING/RETRAINING:** Your agency must have a current civil contract.

<u>TRAINING RELATED FEES:</u> \$40 per class + \$10 per logon ID, per person.	
1 person taking 1 class = \$50	1 person with current logon ID retaking 1 class =\$40
1 person taking 2 classes = \$90	1 person with current logon ID retaking 2 classes =\$80

EMPLOYEE: _____
Last Name First Middle Logon ID (if applicable)

EMPLOYEE TITLE: _____ PHONE & EXT. _____

AGENCY CONTACT PERSON: _____
(Signature)

(Print Name & Title)

(_____)
(Telephone Number)

(_____)
(FAX Number)