



EMPLOYEE STATEMENT FORM CONDITIONS FOR RELEASE OF CRIMINAL OFFENDER RECORD INFORMATION

To uphold the standards of security specified in the FBI's *CJIS Security Policy* for all personnel accessing or viewing criminal offender record information (CORI), controlled by state and federal statutes, please review and acknowledge the terms below. Misuse of CORI may violate constitutional rights of privacy, result in the suspension or loss of your employment, and prosecution for state and federal crimes. **Once acknowledged, this form shall be kept on file by the Custodian of Records and not returned to the California Department of Justice (CA DOJ).**

_____ I recognize that CORI and related data are sensitive and have the potential for great harm if misused.

_____ I acknowledge I will complete the basic security awareness training required within six months of initial assignment and biennially thereafter.

_____ I acknowledge that access to CORI and related data is limited to the purpose(s) for which my agency is authorized to receive it for. (Penal Code section 11105, subdivision (s) & section 50.12 of Title 28 of the Code of Federal Regulations)

_____ I understand that in order to be given direct access to the web-based portal, Applicant Agency Justice Connection (AAJC), I must become a confirmed Custodian of Records with the CA DOJ. If confirmed, my login information to the portal shall not be shared with anyone.

_____ I understand that accessing the AAJC for an appropriate purpose and then disseminating the information received for another purpose constitutes misuse. (Penal Code sections 11142 & 11143)

_____ I understand that misuse of the AAJC may include but not be limited to: accessing it without authorization; exceeding authorized access; accessing it for an improper purpose; using or disseminating information without authorization, and may subject me to administrative and criminal penalties.

_____ I understand I am required to report any security events and weaknesses as quickly as possible to my agency's Custodian of Records.

_____ I further understand that the occurrence of misuse does not depend upon whether or not I receive compensation for the unauthorized activity.

I hereby acknowledge and understand the terms listed above and agree to uphold the standards of security when accessing or viewing criminal offender record information.

Signature: _____

Date: _____

Printed Name: _____