



Houston Police Department

CJIS Security Awareness

Training Certification Form



Criminal Justice Information Services (CJIS) Security Policy

I acknowledge that I have viewed the Security Awareness course material via the DVD provided by HPD or have attended Security Awareness Training provided by my employer. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the DVD and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. As per CJIS Regulations this training must be attended every two years.

Please Print Legibly:

Last Name: _____ First Name: _____

Date of Birth _____ Identification Number _____ State: _____

Social Security _____ Vendor Company Name: _____

Classroom Training Provided by (Company Name): _____

Date of Training: _____

Viewed DVD Classroom Training
(Circle Type of Training)

By signing this form I acknowledge that I have viewed the Security Awareness Presentation on this DVD or received Security Awareness Training through a Company Training program and understand the rules, regulations and security associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: _____

Date: _____