



Houston Police Department

CJIS Security Awareness

Training Certification Form



LMS CJISID: R _____

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. Consider all fields on this form MANDATORY.

Please Complete on the Computer or Print Legibly:

Last Name: _____ First Name: _____

Date of Birth _____ Identification Number _____ State: _____

Email: _____ Company Name: _____
Company or Personal Email

Classroom Training Provided by: _____

Date of Training: _____ Viewed DVD Classroom Training
(Check 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: _____