



DEPARTMENT OF CORRECTIONS  
**USER AUTHORIZATION FORM**  
 ADMINISTRATION AND INSTITUTION ACCESS

**USER NAME:** Please print clearly

_____	_____	_____
Last Name	First Name	Full Middle Name (Required)

**USER ID:**

_____	_____	<input type="checkbox"/> New Profile <input type="checkbox"/> Update Authorities <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change
Leave Blank if New Profile	Known by Name: (i.e. Bob for Robert)	

_____	_____	_____	_____
Position / Working Title	Location	Phone Number (with area code)	Printer Name

DOC400 - Initial CIS menu name or "same as" and User ID of existing staff \_\_\_\_\_ (required for DOC400 access)

Outlook - Copy distribution list membership to be the same as \_\_\_\_\_

AFAMIS       Other \_\_\_\_\_

_____	_____	_____
Manager / Designee (Print)	Manager / Designee (Signature)	Contact person if different

Above portion to be completed by Functional Unit Manager / Designee.

Below portion to be completed by employee needing access. It is required for all new profiles. Please verify that your name is spelled correctly above.

**CONFIDENTIALITY AND SECURITY AGREEMENT**

As a user of the Corrections Information System, you have within the scope of your work reason to view restricted information regarding offenders. By your signature on this Confidentiality Agreement, you acknowledge you have been informed that you are responsible for maintaining the confidentiality of the information maintained in this system.

As a Department of Corrections computerized information systems user, you must complete password management training and are subject to the rules referenced below. Network Security prohibits connection of a Modem and Network Simultaneously. By your signature on this Security Agreement, you acknowledge that you are responsible for protecting agency assets, including network, computers and information, in accordance with policies, laws, rules and regulation, and that you have completed the password management training module. This Confidentiality and Security Agreement will be made a part of your personnel or user file.

These rules and policies can be accessed at [http://www.oregon.gov/DOC/PUBSER/rules\\_policies/index.shtml](http://www.oregon.gov/DOC/PUBSER/rules_policies/index.shtml)

- Department of Corrections Rule #5, Network and Information System Access and Security
- Department of Corrections Rule #39, Release of Public Information
- Department of Corrections Rule #70, Files, Records and Detainers
- Department of Corrections Rule #86, Inmate Access to Automation
- Department of Corrections Policy 60.1.1, Acceptable Use of Electronic Information Systems
- Department of Corrections Policy 60.1.2, Electronic Mail, Internet Usage, and Computer Investigations
- Department of Corrections Policy 60.1.4, Information Security
- Department of Corrections Policy 60.1.5, Information Security Awareness
- Department of Corrections Policy 60.1.6, Information Security Incident Response

_____	_____
Signature of Employee	Date

E-mail to DL Profile Request ([DLProfileRequests@doc.state.or.us](mailto:DLProfileRequests@doc.state.or.us)) or Fax to Department of Corrections ISSD -- (503) 589-0427