



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Alaska Corrections Offender Management System (ACOMS)
ACCESS FORM AND AGREEMENT

Check Appropriate Box: NEW CHANGE TRANSFER DELETE

REQUIRED

APPLICANT TO COMPLETE THE BELOW INFORMATION **REQUIRED** *EFFECTIVE DATE:*

LAST NAME: FIRST NAME: MI:

TITLE: PHONE: DATE:

COMPANY: EMAIL ADDRESS:

DATE OF BIRTH DRIVERS LICENSE (ST\NUMBER):

AGENCY\FACILITY\EMPLOYERR:

RECOMMENDED USER ID:

(TRUNCATED TO 8 CHARACTERS)

- I understand that information obtained through ACOMS is confidential and that I may not access it or
INITIAL release it except as specifically authorized.

- I will not access ACOMS except by using the password assigned to me. I understand that my password is
INITIAL confidential and will not disclose it to anyone except Information Technology staff or local Authorized Agency
Requestor.

- I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of
INITIAL ACOMS may compromise security. I will not disclose information about ACOMS security measures, access,
operating procedures, equipment or programs without specific authorization from the Department of Corrections.

- I understand that I may not access criminal justice information through ACOMS for personal curiosity or gain, to
INITIAL benefit or injure another person (including influencing commercial, political, electoral, or government decisions)
or for any other purpose except one of the following that is directly related to my job duties:
 - A. investigation, identification, apprehension, detention, pretrial or post-trial release, prosecution, adjudication,
or correctional supervision or rehabilitation of a person accused or convicted of a crime;
 - B. collection, storage, transmission, and release of criminal justice information;
 - C. the employment of personnel engaged in activities described in (A) or (B) above;
 - D. another purpose specifically authorized under AS 12.62, 13 AAC 68, or other state or federal law.

- I understand that I may not release criminal justice information obtained through ACOMS except as specifically
INITIAL authorized under AS 12.62.160, 13 AAC 68.300-345.

I understand that the Department of Corrections will maintain a record of my electronic actions, and the record(s) may be used to audit my use at any time, and record(s) may be released to HR, my supervisor or division director for an administrative investigation and to a law enforcement agency for a criminal investigation. In addition to any criminal, civil, or employee disciplinary actions that may result from such investigations, if I am found to have violated this agreement the Department of Corrections may take the following action:

PERMANENTLY REVOKE ACCESS



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

REQUESTING ACCESS TO THE FOLLOWING:

<input type="checkbox"/> ACOMS	<input type="checkbox"/> Booking (CJ)	<input type="checkbox"/> Facilities (CJ)	<input type="checkbox"/> Probation	<input type="checkbox"/> Pretrial	<input type="checkbox"/> IPO
	<input type="checkbox"/> Booking Supv	<input type="checkbox"/> Facilities Supv	<input type="checkbox"/> Probation Supv	<input type="checkbox"/> Inmate Banking	<input type="checkbox"/> BOPP
	<input type="checkbox"/> Documents (R)	<input type="checkbox"/> Documents (RUI)	<input type="checkbox"/> OMP	<input type="checkbox"/> Till/Teller	<input type="checkbox"/> Re-Entry
	<input type="checkbox"/> Public View	<input type="checkbox"/> CTAR	<input type="checkbox"/> CTAR (R)	<input type="checkbox"/> Pretrial Public Assessments (CJ)	
	<input type="checkbox"/> Law Enforcement R/O	<input type="checkbox"/> Re-Entry Supv			
	<input type="checkbox"/> OTHER				
	<input type="checkbox"/> OTHER				

*Supv – Supervisor

CJ – Contract Jail

Business Reason: **Be specific to what information you require access.** (**REQUIRED**)

I understand and agree that my failure to fulfill any of the obligations set forth in this agreement and/or my violation of any terms of this agreement shall result in my being subject to appropriate disciplinary action.

Applicant Name:

Applicant Signature: _____

Date: _____

If applicant is to have unescorted access to a DOC Facility, ACOMS, and or obtain a SOA Sponsored Email, they must comply with FBI CJIS Security Policies. Security Clearance will be denied for anyone who has been convicted of a **felony** or **misdemeanor** in this state or another jurisdiction or who is a **fugitive** from justice. If Denied due to misdemeanor, an appeal can be made ([13 AAC 68.215](#))

I certify that I have reviewed the above information with the applicant and coordinated an FBI Based Nationwide Fingerprint Background check and clearance as required by 13 AAC 68.215.

ACOMS TAC (Agency Authorized Approver):

Sponsor Signature: _____

Date: _____

If Contractor Attach to this form: [DPS Personal Security Clearance Form](#) [FBI Security Addendum](#)

SEND COMPLETED FORM TO: doc.cjis@alaska.gov