UCR - MSHP CJIS Division

# User Access Request

[UCR@mshp.dps.mo.gov](mailto:UCR@mshp.dps.mo.gov)

Phone: 573-526-6153

Fax: 978-313-1487

#### AGENCY INFORMATION

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **ORI:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |

As the Agency Administrator (i.e. Chief, Sheriff, Director), I am requesting access for the following user to access the indicated systems. As the Agency Administrator I authorize this individual to represent our agency in matters related to the systems indicated in accordance with all state and federal CJIS policies and practices.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

Signature and Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### USER INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  |
| **Title:** |  | **DOB:** |  |
| **Phone:** |  | **Last four SSN:** |  |
| **Fax:** |  |  | |
| **Email:** |  | | |

\*\*\*A separate form will be required for each user\*\*\*

**Indicate access to which system by checking box:**

|  |  |
| --- | --- |
|  | Missouri Incident Based Reporting System (MIBRS) Point of Contact |
|  | Use of Force Data Collection Point of Contact |

\*\*\*Once the User ID is issued, the user will receive an email at the above email notifying them that their access is active.