



# ALASKA DEPARTMENT OF CORRECTIONS (DOC)

## Alaska Corrections Offender Management System

### ACCESS FORM AND AGREEMENT

Please fill-out (completely) and send to any of our DOC IT Help Desk staff for processing. Once the form has been processed you will be provided system logon instructions and your UserID and password.

**Applicant Information:** Fields below are **REQUIRED**

Last Name:  First Name:  MI

Position/Title:  Agency:

Email Address

Date of Birth  Phone Number

User ID  NOTE: User ID's are truncated to 8 characters in length

Authorized Agency Requestor TYPED name

- INITIAL** • I understand that information obtained through ACOMS is confidential and that I may not access it or release it except as specifically authorized.
- INITIAL** • I will not access ACOMS except by using the password assigned to me. I understand that my password is confidential and will not disclose it to anyone except Information Technology staff or local Authorized Agency Requestor.
- INITIAL** • I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of 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.

Applicant understands that he\she may not access criminal justice information through ACOMS for personal curiosity or gain, to 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.

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

I understand that the Department of Corrections will maintain a record of my ACOMS transactions, that this record may be used to audit my ACOMS use at anytime, and that this record may be released to my employer 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 will automatically take the following action:

**PERMANENTLY REVOKE ACOMS ACCESS**

**Please state your purpose for ACOMS access:** (e.g. contract jail, community/residential treatment center, criminal justice organization, etc.). **You must also specify the offender information needed** (e.g. name, date of birth, hair color, booking date, location, etc.). Please list below:

**REQUIRED**

I HAVE READ, UNDERSTAND, and agree to abide by the terms of this agreement when authorized access to ACOMS, as well as after such access is terminated.

DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT **(REQUIRED)**

**I certify, as the Authorized Requestor, I have verified the Applicant has a current criminal background check on file.**

DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REQUESTOR **(REQUIRED)**

**Submit completed form to:**

**MAIL:**

Alaska Department of Corrections  
Attn.: IT Help Desk  
550 West 7th Avenue Suite 1800  
Anchorage, Alaska 99501

**Scan to Email**

doc.networkhelp@alaska.gov

**FAX:** (907) 269-7345

If you have any further questions or concerns regarding this form please call (907) 269-7355 for assistance.

**DOC INTERNAL USE ONLY**

Date form Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Notification Sent: \_\_\_\_\_