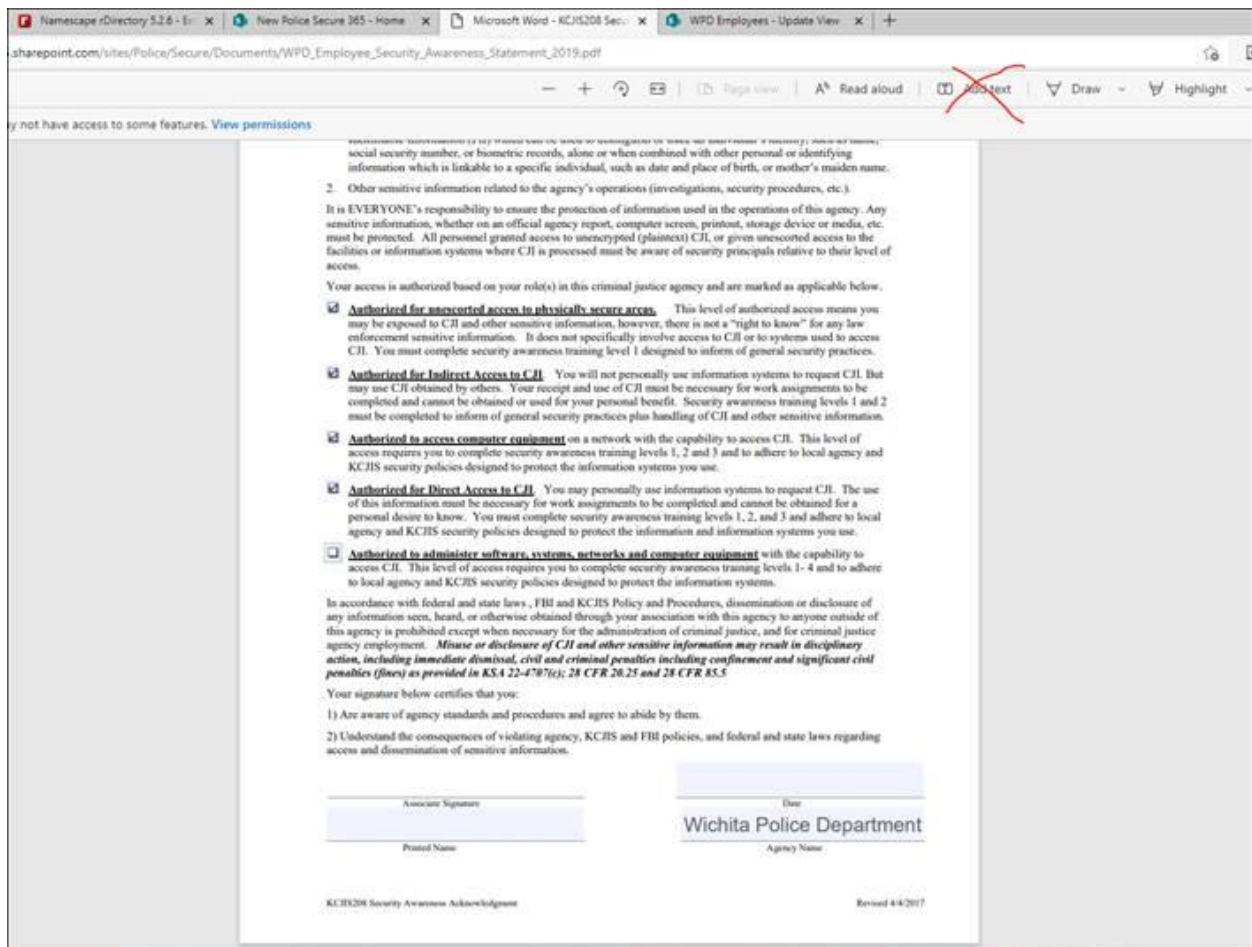


1. Please open the attached form. Make sure the form opens up in Adobe Acrobat Reader DC. Some of the newer Windows 10 machines have been opening up the form in Edge or Chrome (browser mode). If this happens to you, it will not work. You will need to save the form to your desktop. Right click on the form and select Open With Adobe Acrobat Reader DC. (Images included below to help you determine how your machine prefers to open PDFs)
2. Electronically complete the form and e-sign it. You can sign it in one of two ways. First by clicking inside of the signature box and following the instruction prompts to do a digital signature. Or the second method is to click the Fill & Sign button on the lower right options column, click the Sign button at the top middle, and follow the instruction prompts to create a cursive like signature. Either method is fine.
3. Once completed and signed, please email the form to Mike Leiber [mleiber@wichita.gov](mailto:mleiber@wichita.gov).  
**\*\* Attention \*\*** Sedgwick County Departments MUST add **scsecure** at the beginning of the Subject line to email the form.

**Browser mode that will not allow you to sign. Do not use the Add text feature for a signature, it will not work properly.**



Adobe Acrobat Reader with two different options for signing electronically, as mentioned above.

WPD\_Employee\_Security\_Awareness\_Statement\_2019.pdf (SECURED) - Adobe Acrobat Reader DC (32-bit)

File Edit View Sign Window Help

Home Tools WPD\_Employee\_Se... x

1 / 1

### Security Awareness Acknowledgment

In the carrying out of this agency's mission, sensitive information is collected that includes, but is not limited to:

- Criminal Justice Information**, which consists of Criminal History Record Information (CHRI) and Personally Identifiable Information (PII) which can be used to distinguish or trace an individual's identity, such as name, social security number, or biometric records, alone or when combined with other personal or identifying information which is linkable to a specific individual, such as date and place of birth, or mother's maiden name.
- Other sensitive information related to the agency's operations (investigations, security procedures, etc.).

It is EVERYONE's responsibility to ensure the protection of information used in the operations of this agency. Any sensitive information, whether on an official agency report, computer screen, printer, storage device or media, etc. must be protected. All personnel granted access to unencrypted (plaintext) CJI, or given unsecured access to the facilities, or information systems where CJI is processed must be aware of security principals relative to their level of access.

Your access is authorized based on your role(s) in this criminal justice agency and are marked as applicable below.

- Authorized for unsecured access to physically secure areas.** This level of authorized access means you may be exposed to CJI and other sensitive information, however, there is not a "right to know" for any law enforcement sensitive information. It does not specifically involve access to CJI or to systems used to access CJI. You must complete security awareness training level 1 designed to inform of general security practices.
- Authorized for Indirect Access to CJI.** You will not personally use information systems to request CJI. But may use CJI obtained by others. Your receipt and use of CJI must be necessary for work assignments to be completed and cannot be obtained or used for your personal benefit. Security awareness training levels 1 and 2 must be completed to inform of general security practices plus handling of CJI and other sensitive information.
- Authorized to access computer equipment** on a network with the capability to access CJI. This level of access requires you to complete security awareness training levels 1, 2 and 3 and to adhere to local agency and KCJIS security policies designed to protect the information systems you use.
- Authorized for Direct Access to CJI.** You may personally use information systems to request CJI. The use of this information must be necessary for work assignments to be completed and cannot be obtained for a personal desire to know. You must complete security awareness training levels 1, 2, and 3 and adhere to local agency and KCJIS security policies designed to protect the information and information systems you use.
- Authorized to administer software, systems, networks and computer equipment** with the capability to access CJI. This level of access requires you to complete security awareness training levels 1-4 and to adhere to local agency and KCJIS security policies designed to protect the information system.

In accordance with federal and state laws, FBI and KCJIS Policy and Procedures, dissemination or disclosure of any information seen, heard, or otherwise obtained through your association with this agency to anyone outside of this agency is prohibited except when necessary for the administration of criminal justice, and for criminal justice agency employment. *Misuse or disclosure of CJI and other sensitive information may result in disciplinary action, including immediate dismissal, civil and criminal penalties including confinement and significant civil penalties (fines) as provided in KSA 22-470(c), 28 CFR 20.25 and 28 CFR 85.5*

Your signature below certifies that you:

- Are aware of agency standards and procedures and agree to abide by them.
- Understand the consequences of violating agency, KCJIS and FBI policies, and federal and state laws regarding access and dissemination of sensitive information.

**Click on**  
Associate Signature

Printed Name

Date  
**Wichita Police Department**  
Agency Name

KCJIS08 Security Awareness Acknowledgment

Revised 4/4/2017

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REQUEST FOR CRIMINAL HISTORY CHECK AND ACCESS TO THE CITY OF WICHITA POLICE LASERFICHE AND NICHE  
SOFTWARE ACCESS BEING REQUESTED: POLICE LASERFICHE POLICE NICHE

**BUSINESS EMAIL ADDRESS:**

**Department / Id #:**

FIRST NAME

MIDDLE NAME

LAST NAME

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

Maiden name or alias name(s) used: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Any Additional Out of Current State or State of Kansas Addresses Within the Last 10 Years:

State Issuing the DL or ID: \_\_\_\_\_ State DL or ID Number: \_\_\_\_\_

**\*\*Please attach a photo copy of the listed State DL or ID as well.\*\***

THE INFORMATION THAT YOU HAVE PROVIDED WILL BE USED TO CONDUCT THE REQUIRED CRIMINAL HISTORY  
BACKGROUND CHECK. THIS DOCUMENT AND ALL ADDITIONAL COMPLETED REQUIRED FORMS WILL BE  
MAINTAINED BY THE WICHITA POLICE DEPARTMENT IN ACCORDANCE WITH FEDERAL AND KANSAS STATE LAW.

REQUESTOR'S

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTOR'S

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Email the completed and signed forms (pages one and two) to Mike Leiber (mleiber@wichita.gov) and Stephen Clark (sclark@wichita.gov).

\*\*\*\*\* FOR WICHITA POLICE DEPARTMENT APPROVAL USE ONLY \*\*\*\*\*

Police L.A.S.O.: \_\_\_\_\_ Approval  
Date: \_\_\_\_\_

Cmdr. Police Records: \_\_\_\_\_ Approval  
Date: \_\_\_\_\_

Police Records DBA: \_\_\_\_\_ Completed  
Date: \_\_\_\_\_

# Security Awareness Acknowledgment

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Your signature below certifies that you:

- 1) Are aware of agency standards and procedures and agree to abide by them.
- 2) Understand the consequences of violating agency, KCJIS and FBI policies, and federal and state laws regarding access and dissemination of sensitive information.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency Name