



# Houston Police Department Network Access Form

Submit Form To:  
**CJIS Compliance Unit**  
**CCU@houstonpolice.org**  
**Desk#: 713.308.9018**

## External Non-HPD

This form is used for **personnel NOT employed by the Houston Police Department** and who are requesting technical sign-on capabilities to any HPD logical system. **NOTE:** Review the accompanied Access Definition Information Sheet for instructions.

<input type="checkbox"/> <b>External Agency</b>	Agency Name:	ORI#:	Date(mm/dd/yyyy)
<input type="checkbox"/> <b>Contractor</b>	Company Name:		
<b>Request Type</b> (Mark All Which Apply)	<input type="checkbox"/> New Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Change of Information
	<input type="checkbox"/> Access Changes	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Agency <input type="checkbox"/> Unit <input type="checkbox"/> Email

### Applicant Information Existing/Prior Temp Payroll #:

L-Name:		F-Name:		MI:
Applicant Email:			Rank/Title:	
DOB:	Race/Sex:	DL/ID:	SSN	TXDPS User ID:
Work Address:	City:	State:	Zip:	Office Phone:
Agency TAC / Contact Name:			Office Phone:	
TAC / Contact Email:				

<b>Requested Access:</b> <i>Specified in Agreement</i>	<input type="checkbox"/> HPD Network	<input type="checkbox"/> OLO (Inquiry Only)	<input type="checkbox"/> General Persons Inquiry
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Other (Specific):

<p>Upon signing this Access Request form you acknowledge the specific agreement (MOU, MCA, or Security Addendum) signed by your agency/company, in addition to the <b>HPD Network Remote Access Agreement</b>.</p>	<b>HPD Division Responsible for Applicant</b>
	Division/Project:
_____	_____
Applicant's Signature	Signature HPD Supervisor / PR#

### DO NOT WRITE BELOW THIS LINE - HPD USE ONLY

<b>CJIS Compliance Unit</b>	CJISID:	Date Sent to ESD:	TAC:
MOU <input type="checkbox"/> MCA <input type="checkbox"/> Volunteer <input type="checkbox"/> SecAdd <input type="checkbox"/>	Routing ORI # _____		

<b>Employee Services Division</b>	CCD #
Entered By: _____	Date Assigned: _____
Assigned Payroll # _____	

<b>Gang Division</b> (If Applicable)	Date: _____	Staff Review: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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<b>Technology Services</b>	Date Access(s) Provided: _____	Date Notified: _____
Processed By: _____	ITSM Tracking # _____	