

ACCESS / ID SURRENDER FORM

PROJECT NUMBER OR PURCHASE ORDER NUMBER:							
PROJECT NAME OR PURCHASE ORDER REFERENCE:							
COUNTY PROJECT MANAGER:							
CONTRACTING OR SUBCONTRACTING COMPANY:							
	EMPLOYEE NAME	SURRENDER		REASSIGNMENT TO NEW PROJECT			
		CJIS	CRITICAL	CJIS	CRITICAL	PM / PROJ #	INITIAL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
TEMPORARY SURRENDER		These individuals will continue to be monitored and will not be removed from CJIS or monitoring requirements.					
PERMANENT SURRENDER		These individuals will not be monitored and will be <u>removed</u> from the CJIS database and monitoring requirements.					

PROJECT MANAGER SIGNATURE: _____ DATE: _____

For Access Section Use Only