Alaska Law Enforcement Information Sharing System

ALEISS Officer (AO) Duty Delegation Form

Agency Name _____

ALEISS Officer Information:

Name _____

First Name Middle Name Last Name

E-mail Address _____

Phone Number _____

Job Title _____

Job Description _____

Authorized by _____ , ALEISS Consortium Command Representative for,

_____ _____

Agency Date

ALEISS System Administrator use only:

Date Received/By_____