



# Alaska Law Enforcement Information Sharing System

## ALEISS User ID Change Form

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

ALEISS User \_\_\_\_\_

First Name

Middle Name

Last Name

ALEISS User-ID \_\_\_\_\_

ALEISS User E-mail Address \_\_\_\_\_

### Remove from ALEISS Eligibility List

- The above named user is no longer eligible to use ALEISS. Effective date \_\_\_\_\_
- This change is temporary (AO must notify Sys Admin of reinstatement).
- This change is permanent.

### Reinstate a temporarily ineligible ALEISS User

- The above named user is once again eligible to use ALEISS. Effective date \_\_\_\_\_

### Change Level of ALEISS

- Level 2: For users who are peace officers, Level 2 allows access only to unrestricted information, but includes notice of the existence of restricted information. The notice informs the user that information exists relating to the user's query but cannot be displayed and advises the user to contact the originating agency for assistance.
- Level 3: For all other users, Level 3 allows access only to unrestricted information, and does not indicate the existence of restricted information

### Change Eligibility Criteria

Qualification is based on the ALEISS Security Directives Section 5. Personal Security Clearance - 5.2.1.3 certification that the employee meets the qualifications described in this directive, based on the ALEISS Officer's personal review of one of the following:

- 5.2.1.3.1 a state and national criminal history record based on fingerprint identification of the employee within the past 30 days;
- 5.2.1.3.2 a current Alaska Public Safety Information Network (APSIN) security clearance issued to the employee under 13 AAC 68.215;
- 5.2.1.3.3 a current security clearance issued to the employee by the United States Department of Justice, Defense, or Homeland Security;
- 5.2.1.3.4 a current certificate issued to the employee by the Alaska Police Standards Council for employment as a police officer under 13 AAC 85.040 or a probation, parole or correctional officer under 13 AAC 85.22

I, \_\_\_\_\_, ALEISS Officer for \_\_\_\_\_  
Agency Name

verify the above information. \_\_\_\_\_  
Signature Date

-----ALEISS System Administrator use only:-----

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_