SERVICED AGENCY ADDENDUM

Authorization is hereby given to _____
Servicing Agency Name
To use _____ which is issued to _____
ORI of Agency Serviced Name of Agency Serviced
and hereinafter called USER.

This authorization is for the purpose of entering, clearing, canceling, modifying or performing other authorized functions on records in the SLED CJIS (SCIC), NCIC Systems and to utilize the NLETS System and for making inquiries and messages through the _____
at _____. Servicing Agency Name
ORI of Servicing Agency

USER agrees to abide by all present rules, policies and procedures of SLED CJIS (SCIC), NCIC and NLETS as approved and adopted by SLED CJIS(SCIC), the NCIC Advisory Policy Board and the NLETS Board of Directors.

USER agrees to abide by the conditions set forth in the primary "USER AGREEMENT AND SYSTEM RESPONSIBILITIES OF THE TERMINAL AGENCY."

SLED reserves the right to immediately suspend furnishing data to USER when either the security or dissemination requirements approved by either the NCIC Advisory Policy Board or the NLETS Board of Directors and adopted by SLED CJIS (SCIC), NCIC and NLETS are violated. SLED may reinstate the furnishing of data in such instance upon receipt of satisfactory assurance that such violation has been corrected.

Liability for Dissemination

User shall record all dissemination's of Criminal History Records Information (CHRI) obtained from the SLED CJIS through the servicing agency referred to in this Agreement as the Terminal Agency. Such log will reflect the name to the requestor, the authority of the requestor, the purpose of the request, the case number, the identity of the individual to whom the information relates, dissemination, employee and the date of the dissemination. Such log shall be maintained and retained for twelve (12) months from the date of release. USER must assure that CHRI received form SLED CJIS will only be used for those purposes for which it was provided.

Date_____

AGENCY SERVICED	SERVICING AGENCY
_____	_____
Signature-Authorized Representative	Signature - Authorized Representative
_____	_____
Typed/Printed Name	Typed/Printed Name
_____	_____
Title	Title
_____	_____
Address (Street, City, Zip)	Address (Street, City, Zip)
_____	_____
Phone	Phone