

# UCR – MSHP CJIS Division

## User Access Request

[UCR@mshp.dps.mo.gov](mailto:UCR@mshp.dps.mo.gov)  
 Phone: 573-526-6153  
 Fax: 978-313-1487

### AGENCY INFORMATION

<b>Agency Name:</b>	
<b>ORI:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

### USER INFORMATION

<b>Last Name:</b>		<b>First Name:</b>	
<b>Title:</b>		<b>DOB:</b>	
<b>Phone:</b>		<b>Last four SSN:</b>	
<b>Fax:</b>			
<b>Email:</b>			

### SYSTEM ACCESS

Check the box(es) below to indicate reporting access for the user.

	Missouri Incident Based Reporting System (MIBRS)
	Use of Force Data Collection

### Terminal Agency Administrator Signature

As the Agency Administrator (i.e. Chief, Sheriff, Director), I am requesting access for the following user to access the indicated systems. As the Agency Administrator, I authorize this individual to represent our agency in matters related to the systems indicated in accordance with all state and federal CJIS policies and practices.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Once the User ID is issued, an email will be sent to the user providing access instructions.

**A separate form will be required for each user.**