Travis County Sheriff's Office

CJIS Security Awareness Log

I acknowledge that I have viewed the Security Awareness course material prepared by DPS and provided by TCSO . I further acknowledge that I am responsible for familiarizing myself with the documents provided and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein.

Printed Name	Employee #	Signature	Date

Department/Division: _____ Date: _____