

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
5400 BROAD RIVER ROAD
COLUMBIA, SOUTH CAROLINA 29212**

Training Officer Acadis Portal Access

Department: _____

Agency Head: _____

Email: _____

Training Officer Designee: _____

Email: _____

Academy ID Num: _____

AGREEMENT

I assume responsibility for the confidentiality of my department's certification/training records and will notify CJA (Acadis@sccja.sc.gov) should there be any changes in administrative "Users" effecting rights to the Acadis Portal SITE.

(Note if this Designee is a Non-Law Enforcement employee more information will be need.)

Agency Head's Signature

Date

Print Name and Title

Send to Acadis@sccja.sc.gov