

**Request for an ORI for a
Public School Police Department
(Originating Agency Identifier)**

Return to: ACIC

Email address: ACIC.ORI.Requests@dps.arkansas.gov

Fax number: (501) 682-7444

County: _____

I, _____, Chief of Police, request an ORI for my department and I understand the following statements:

- The assignment of an ORI is acknowledgment that my agency meets the criteria of a “law enforcement agency” as defined by ACIC and NCIC policy.
- Assignment of an ORI does not mean that ACIC and NCIC information can be used for any and all purposes connected with my agency’s functions.
- The issuance of an ORI does not allow access to CJIS systems by the School District or for noncriminal justice, civil, or administrative purposes.
- The access and use of information obtained from the ACIC system is restricted to criminal justice purposes only.
- Misuse of ACIC information maybe a felony as defined in A.C.A. §§ 12-12-212.

Signed: _____ Date Signed: _____

Agency Name: _____

Chief’s Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Fax Number _____

Email Address: _____

The following items must be sent in with the request:

- Letter from the Superintendent creating the department.
- Copy of the agency budget