

## Law Enforcement Liaison Program

### Applicant Information

Sponsoring Agency / Organization: \_\_\_\_\_

Agency Address: \_\_\_\_\_

County: \_\_\_\_\_

Accredited

Certified

ISP District: \_\_\_\_\_

Last Name: \_\_\_\_\_ Legal First Name and M.I. \_\_\_\_\_

Position / Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Residence (Street Address, City, State): \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Work E-Mail (No Yahoo, Hotmail, etc.): \_\_\_\_\_

Signature: \_\_\_\_\_

Please provide a short description of your current roles and responsibilities:

Describe how this fellowship will benefit your department:

Chief Elected Official / Agency Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Send Completed Application to:**

**E-Mail: ~~stic@isp.state.il.us~~**

**Fax: 217-558-7152**

# Illinois Statewide Terrorism & Intelligence Center Non-Disclosure Agreement

In recognition of, and in consideration for the Illinois Statewide Terrorism and Intelligence Center (STIC) granting me access to Law Enforcement Sensitive (LES) and For Official Use Only (FOUO) or non-public homeland security information, I hereby enter into this Agreement with the STIC:

1. I acknowledge that my participation with STIC places me in a position of special confidence and trust, and that I have been advised that such information is sensitive, and that I have been briefed on the need for safeguarding and maintaining the security of such sensitive information, and the procedures to be followed in any authorized release or dissemination of such information.
2. I acknowledge that the unauthorized disclosure or the negligent handling of sensitive information that results in its dissemination to unauthorized personnel could compromise investigations or place persons at risk.
3. I will not disclose, publish, release, transfer, copy (in whole or in part) or otherwise make available any sensitive information and will keep such information made available to me in confidence and prevent its unauthorized disclosure. I will not alter or remove markings indicating the classification designation of such information.
4. I will release information received from STIC only to authorized personnel with an established need to know the information and acknowledge that any other unauthorized dissemination of sensitive information is prohibited.
5. I understand that LES information can only be distributed to law enforcement agencies and FOUO information can only be distributed to law enforcement and STIC vetted members from the fire, public health, defense, government officials, emergency management, school, and private sector partners.
6. I understand that any such sensitive information can only be distributed over official government e-mail accounts and not through the use of personal email accounts such as Yahoo, Gmail, and Hotmail.
7. I acknowledge that information I receive from STIC may be exempt from the Freedom of Information Act (FOIA) and I will consult with the ISP FOIA Officer prior to responding to a FOIA request that involves such records or information received from STIC as a result of participation in this program.
8. I will notify STIC of any unauthorized release or breach in data system security that may result in sensitive information being improperly disclosed.
9. I understand that any unauthorized release of sensitive information may result in the termination of any information access I may have been granted and removal from STIC participation. I also acknowledge that my unauthorized disclosure or negligent handling of the information may be in violation of statute or regulation, and release of this information may result in criminal prosecution under applicable law. I understand that all conditions and obligations under this agreement are binding upon me during my participation with STIC and at all times thereafter.
10. I have read this agreement carefully and understand my individual and personal obligations under it.

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Printed/Typed Name

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Signature

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Date

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Name of Agency/Department