

**MAINE DEPARTMENT OF CORRECTIONS  
CORIS STATEMENT OF COMPLIANCE**

Signing this Statement of Compliance is a requirement in order to be granted authorization to access the Corrections Information System (CORIS) of the Maine Department of Corrections.

I understand that CORIS is for official use only, that any information entered in CORIS constitutes an official record of the Maine Department of Corrections, and that I must comply with all Maine Department of Corrections policies and procedures that relate to my use of CORIS. I understand that I may not disclose or otherwise use any information in CORIS for personal use.

I understand that CORIS contains information made confidential by law.

I understand that no information contained in CORIS may be disclosed by me, either in writing or verbally, except as provided by law and Department of Corrections policy and procedures. I further understand that if there is any question about what information may be released and under what circumstances, I must refer the question to the Deputy Commissioner of Corrections, or designee.

I understand that I may not enter or search for information in CORIS except as required by my assigned job function.

I understand that all information that I enter in CORIS and any search I conduct for client information is tracked and that those transactions may be audited by authorized personnel at any time.

I understand that it is my responsibility to enter information accurately and timely in CORIS. I further understand it is my responsibility to ensure integrity of the information in CORIS. I understand that this means it is my responsibility to keep all information in CORIS secured from access by prisoners, residents or clients under supervision in the community, or other unauthorized persons, whether in printed form or by computer screen viewing.

I understand the significance of security for my password. I agree to keep my password strictly confidential and not disclose my password to any other individual. I further understand that failure to maintain password confidentiality constitutes a breach of security.

I further understand that failure to abide by this Statement of Compliance constitutes a misuse of CORIS and will result in suspension of my authorization to access the system and may result in administrative discipline, up to and including termination, and possible legal action.

I understand that this Document will become a permanent record in the Maine Department of Corrections. I further understand that my signature below signifies that I have read and understand and agree to comply with this Statement of Compliance.

Name (print): _____  Position/Title: _____ (No Abbreviations)  Set User Up Like: _____ (Provide name of an existing CORIS user)  USER SIGNATURE _____  SUPERVISOR / SPONSOR SIGNATURE _____  SUPERVISOR/SPONSOR NAME (print) _____  ACCOUNT APPROVED _____ By _____  Date: _____	DOC Employee? Yes: _____ No: _____  Agency/Program/Service: _____  _____  Location: _____ (Facility/Region/Office)  Date: _____  Date: _____
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