

TN POST COMMISSION Acadis Access Acknowledgement Form

Organization Name:

Name of Person Requiring Acadis Access: <u>User Authorization Disclaimer</u>	
Please be advised that by accessing and using other authorized purposes.	g the Acadis system, you consent to monitoring and
Request Webform found in the webform sect	d to the POST Law Enforcement Portal Access ion of the Acadis Portal. This request/renewal form or signatures must be pre-approved by the POST the POST Commission at 615-741-4461 or at
I acknowledge the above expectations outline	ed above.
Title:	Print Name:
Signature:	Date:
IN 2113	