# VIRGINIA STATE POLICE

## VIRGINIA CRIMINAL INFORMATION NETWORK

## USER REQUEST FORM

Please email to: vcin.training@vsp.virginia.gov for updates.

**AGENCY** _____ **ORI** _____

| TYPE OF USER (Check one) | | VCIN ACCESS REQUESTED | |
|---|---|---|---|
| NEW VCIN USER ☐ | | **Select Access Here.** | DUAL ACCESS* ☐ |
| EXISTING VCIN USER ☐ | | USER ID CHANGE ☐ | DUAL ACCESS ORI |
| **USER FINGERPRINTED & BACKGROUND COMPLETED?** | | USER NAME CHANGE ☐ | HOT FILE ACCESS** ☐ |
| | YES ☐ | LEVEL ACCESS UP ☐ | USER REACTIVATION ☐ |
| IF NO, STOP HERE & READ INSTRUCTIONS. | NO ☐ | LEVEL ACCESS DOWN ☐ | TRANSFER ☐ |
| | | PASSWORD RESET ☐ | INACTIVATE USER ☐ |
| | | NEXTEST UNLOCK ☐ | |

| FIRST NAME | MIDDLE NAME | LAST NAME | USER ID |
|---|---|---|---|
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Updated 120722 *Assigned to users that work at more than one (1) agency **Assigned to Full Access users only