



# DJJ Access Request Form

Virginia Department of Juvenile Justice

### Form Instructions:

1. This form must be completed and sent by the "Authorized Account Requester" to the "DJJ Account Facilitator" (Account.Facilitator@djj.virginia.gov) for processing.
2. This form must be digitally signed by the Supervisor as verification of access rights review and approval.
3. To request COV Network and email accounts complete the online VITA "COV Access Request" form at: [New Account Request](#).

### SECTION 1 - USER INFORMATION

Full Legal First Name: \_\_\_\_\_ Full Legal Middle Name: \_\_\_\_\_  
 Full Legal Last Name: \_\_\_\_\_ Suffix (Sr., Jr., III, etc) : \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Request Type: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### SECTION 2 – BADGE SYSTEM ACCESS

#### COMMUNITY MODULES

Intake  
 Community Insight  
 CPR Programs  
 Detention

#### INSTITUTION MODULES

Custody Classification  
 Direct Care  
 Resident Grievance  
 Pop Board

#### OTHER MODULES

SIR  
 GMS  
 Caseload  
 YASI  
 Duplicate Merging

### SECTION 3 – OTHER SYSTEM ACCESS

Background Invest. \_\_\_\_\_ Warehouse \_\_\_\_\_

### SECTION 4 – COMMENTS

(If you would like to mirror this account after another user please provide the username)

### SECTION 7 – SUPERVISOR REVISION AND APPROVAL

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Supervisor Digital Signature: \_\_\_\_\_

***By signing this form, I certify that I have reviewed and I approve all access herein requested.***