



TEXAS JUVENILE
PROBATION COMMISSION

Grant H
Diversions Placement Fund
(DPF)

USER AUTHORIZATION FORM

Last Name	First Name
Job Title	Last 4-digits of SSN (to ensure uniqueness of UserID)
Phone Number	Email Address (Must be individually accessible by the person listed above.)

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Job Title	Last 4-digits of SSN (to ensure uniqueness of UserID)
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I, _____, Chief Juvenile Probation Officer of _____ County fully understand and accept the terms, conditions and guidelines for use of the Diversions Placement Fund (DPF) Internet Reporting System provided by TJPC. By affixing my signature below, I attest that the information provided above is true, correct and accurate to the best of my knowledge and belief. I agree to maintain the security of the assigned authentication credentials and to be responsible for all activities that occur under my User ID/password or any authorized user so designated by me and to immediately notify TJPC of any breaches in password security. I further understand that TJPC reserves the right to decline the issuance of a User ID /password to any user and that it may deactivate or delete the assigned User ID /password for prolonged inactivity or for any other reason.

Signature, Chief Juvenile Probation Officer

Date