



Officer Enrollment Form

Web Patrol Web Patrol II **WPII Integration X** OmniLink ElmoTech SCRAM SenTrak

Agency Name: Louisiana Office of Juvenile Justice Site #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Officer Name: _____ Title: _____ Verbal Password: _____

Office Phone Number: _____ Fax Number: _____

Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____ Other: _____

Officer being enrolled will receive notification: YES or NO If yes, please fill out the following portion of this form.

Notifications Device Pager or Cell Phone Number: _____

If Pager: Numeric (numbers only) Alphanumeric (Text & Numbers)

Service Provider: _____ Provider Service Number: _____

Officer being enrolled will be carrying a caseload: YES or NO

- For SenTrak Only (Required) -

Officer Login Access (view only participants assigned to the caseload)

Master Login Access (view all participants within the officer's agency)

Levels of Permission

Officer Level (Access Own Caseload Only): View Enroll Modify Terminate

Supervisor Level (Access All Caseloads in Site): View Enroll Modify Terminate

Manager Level (Access All Caseloads in Region): View Enroll Modify Terminate

Name of Authorized Administrator

Authorized Administrative Signature

Date

Completed and authorized forms *must* be faxed to the Help Desk at (800) 478-3335 or emailed to help.desk@sentrak.us.com

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Each user's agency provides and supports its own computer(s), Internet access, and browser (Internet Explorer or Netscape Navigator 4.0 or higher). Upon receipt of this enrollment, Sentinel Offender Services, LLC, provides each authorized user with the *URL* internet address, a unique login, and a password.

Sentinel Offender Services, LLC reserves the right to limit access to users authorized exclusively by Sentinel

For Sentinel Only (Do Not Fill Out)

Officer ID: _____ Officer Password: _____ Officer Verbal Password: _____

User ID and Password entered in Security Yes

Entered by: _____ Reviewed by: _____ Date: _____ Time: _____