



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE *CHICAGO, ILLINOIS 60653

SWORN

ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: DIRECTOR, HUMAN RESOURCES DIVISION

FROM: NAME: _____

RANK/TITLE: _____

PC NUMBER: _____

EMPLOYEE NUMBER: _____

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: _____

DATE: _____

WITNESS' SIGNATURE: _____

DATE: _____