



# MS NIBRS Repository (Crime Insight)

## Additional Users Form

***Please complete the form below to request additional usernames and passwords for individuals in your agency to have access to enter data into the repository. If you have any questions, please contact us at 601-933-9448/9449.***

**Agency Name:** \_\_\_\_\_

### Additional User 1

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Additional User 2

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Additional User 3

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Agency Head or RAC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_