

## Required Registration and ORI Authorization Forms

We are pleased to announce the release of version 3.0 of The Child Project™ system that includes new capabilities, features and modules that we hope you will want to take advantage of.

The new capabilities include:

1. A streamlined data upload and recognition capability for transferring data to, and recognizing previously enrolled individuals (children and adults) from, the national repository server located at the Nation's Missing Children Organization (NMCO) and the National Center for Missing Adults (NCMA) in Phoenix, Arizona.
2. A new module, Senior Safety Net™, has been designed specifically for use with older adults who may be suffering from Alzheimer's or similar illnesses.
3. A new version of our Inmate Recognition and Identification System (I.R.I.S.™) application that has several new features that you may want to utilize in your jail or community-based treatment facilities.

There is no charge for these upgrades to your software.

However, if you want your office to take full advantage of the improved capabilities, including the streamlined national upload and recognition capability, you must provide us with a completed and signed Registration and Authorization Information in order for us to provide your office with access for authorized users to the data contained in the national repository.

To register and receive access to the national database, you must fill out and fax or mail the completed, signed form to:

Robert E. Melley  
Chief Operating Officer  
The Child Project  
488 State Road  
Plymouth, Massachusetts 02360  
Telephone: 508.224.1600 ext 305  
Fax Number: 508.224.1601  
Email: [rmelley@thechildproject.org](mailto:rmelley@thechildproject.org)

When we receive the signed, completed forms with the information for your office, including the individual users who have been authorized to access the system, you will be entered into the national server. You will receive two confirmation emails: the first will confirm our receipt of the completed and signed Registration and Authorization Information; and, the second will confirm the registration of your Office's authorized users has been completed. Once the Registration and Authorization Information process is completed, authorized users will be allowed to upload data and recognize previously enrolled individuals.

Please remember that you must only complete, sign and submit one **Office/Agency Registration and Authorization Information Form – Part 1** for your Office or Agency. You can submit as many **User Registration and Authorization Information Form – Part 2** as you deem appropriate for your organization.

Please contact me to discuss how to receive and install the latest version of The Child Project™, Senior Safety Net™ and I.R.I.S.™ on your system at 508.224.1600 ext. 305.

Sincerely,

Robert E. Melley  
Chief Operating Officer  
The Child Project

**Office/Agency Registration and Authorization Information Form – Part 1**  
**(Please complete only one form for your Office or Agency)**

Organization Name:

Organization Street Address:

Organization City/Town:

Organization State and Zip:

Organization's Originating Agency Identifier Code:

Primary Contact Name:

Primary Contact User Login Name:

Primary Contact Password:

Primary Contact Telephone:

Primary Contact E-mail:

- Organization Type:  
(please check only one)
- Sheriff's Office
  - Local law enforcement agency
  - State law enforcement agency
  - Federal law enforcement agency

Submitted by:

I am authorized by the \_\_\_\_\_  
to submit this information.

Signature: \_\_\_\_\_  
Title Date

**User Registration and Authorization Information Form – Part 2**  
**(Please complete one form for each authorized user)**

Organization Name:

Organization Street Address:

Organization City/Town:

Organization State and Zip:

Organization's Originating Agency Identifier Code:

Authorized User Name:

Authorized User Login Name:

Authorized User Password:

Authorized User Contact Telephone:

Authorized User Contact E-mail:

Submitted by:

I am authorized by the \_\_\_\_\_  
to request and approve this user to access, upload, and recognized individuals  
previously enrolled in The Child Project™ and Senior Safety Net™ systems maintained  
by the Nation's Missing Children Organization and the National Center for Missing  
Adults.

Signature: \_\_\_\_\_  
Title Date