



Agency Name _____

Security Awareness Training Log

ORI _____

	User Name	Security Awareness statement date	Training Date	Test Score	NexTEST user id
	Please Print First M. Last	DD/MM/YYYY	DD/MM/YYYY	# Missed	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I affirm personnel completed KCJIS compliant Security Awareness Training as described above. _____

LASO