

# TEXAS ASSOCIATION *of* COUNTIES



## Cybersecurity Course Enrollment Form

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Texas Government Code § 2054.5191 requires various state agency and local government employees and contractors who have access to a local government computer system or database and use a computer to perform at least 25 percent of their duties to complete an annual cybersecurity training that has been certified by the Texas Department of Information Resources (DIR).

In response to the cybersecurity training mandate and in furtherance of our continued commitment to our county and local government family, TAC is offering a cybersecurity course that has been certified by DIR and fulfills the requirements of the law. This course is available to your organization for an annual fee of \$8 per enrolled user. Please note that TAC will not be responsible for monitoring, enforcing, or reporting course completion - this will be performed entirely within your organization.

Should your organization choose to participate in TAC's cybersecurity training program, **please have your leadership approve your organization's participation and complete the enclosed form and return it via email to [SecurityTraining@county.org](mailto:SecurityTraining@county.org)** or fax to (512) 477-1324. For more information about the underlying legislation and TAC's cybersecurity training course, please visit [county.org/cybersecurity](http://county.org/cybersecurity).

Your course administrator will receive an email notification when your organization is enrolled. Enrollment is available on a rolling basis through July 31, 2025.

**Printed Name**

**Organization Name**

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**Authorized Signature**

**Date**

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## Course Administrator (Required)

Please indicate the individual who will serve as the primary point of contact with TAC staff for purposes of enrolling participating employees in the cybersecurity training course. The designated individual will be asked to provide a list of all participating employees' names, email addresses and positions held. The designated individual will also be asked to regularly add or remove users from access to the training program upon separation from organization employment.

The course administrator will have access to reports reflecting the course completion status of all participating organization employees and elected officials. If your organization would like multiple administrators, please include their contact information on the following page.

Name of Administrator: \_\_\_\_\_

Email of Administrator: \_\_\_\_\_

Phone Number of Administrator: \_\_\_\_\_

Position/Office of Administrator: \_\_\_\_\_

## IT Administrator (Required)

Please indicate the individual responsible for IT administration for your organization. Upon request, TAC will coordinate with your IT administrator to facilitate smooth deployment of the cybersecurity training program for your personnel.

Name of IT Administrator: \_\_\_\_\_

Email of Registrant: \_\_\_\_\_

Phone Number of Registrant: \_\_\_\_\_

## Billing Contact (Required)

TAC will send an invoice in the amount of \$8 per enrolled user to the contact below. The number of users will be based on total enrolled users between enrollment of this course and September 2025. Users who are enrolled and later deleted will be included in the invoice. The invoice is due upon receipt.

Name of Contact: \_\_\_\_\_

Email of Contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_

Position/Office of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Delivery Method (Email/Mail): \_\_\_\_\_

## Additional Course Administrators (Optional)

Please indicate any additional employees who will have access to regularly add/remove users from training according to employment changes within the organization. Administrators will have access to reports reflecting the course completion status of all organization employees.

Name of Administrator: \_\_\_\_\_

Email of Administrator: \_\_\_\_\_

Phone Number of Administrator: \_\_\_\_\_

Position/Office of Administrator: \_\_\_\_\_

## Additional Course Administrators (Optional)

Name of Administrator: \_\_\_\_\_

Email of Administrator: \_\_\_\_\_

Phone Number of Administrator: \_\_\_\_\_

Position/Office of Administrator: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Email of Administrator: \_\_\_\_\_

Phone Number of Administrator: \_\_\_\_\_

Position/Office of Administrator: \_\_\_\_\_