

AUTHORIZATION FOR ACCESS TO DISTRICT COMPUTER SYSTEM BY STUDENTS

By signing this Authorization, I acknowledge that I have received a copy of the "Guidelines for Acceptable Use of District Computer System by Students" dated April 11, 2007, and that I have read, understand, and agree to follow the Guidelines.

I acknowledge that access to the District Computer System is provided as a privilege by the District and that inappropriate use may result in discipline.

I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY USE OF THE DISTRICT COMPUTER SYSTEM, AND THAT THE DISTRICT HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.

Student Name: _____

Grade: _____

Student Signature: _____

Date:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The "District Computer System Use and Internet Safety Policy" and "Guidelines for Acceptable Use of District Computer System by Students" must be read and this Authorization for Access must be signed by each student (and if under age 18 by his/her parent/guardian) as a condition of using the District Computer System.