

AUTHORIZATION FOR ACCESS TO DISTRICT COMPUTER SYSTEM BY EMPLOYEES

This form must be read and signed by each user as a condition of using the District Computer system.

By signing this Authorization, I acknowledge that I have received a copy of the "Guidelines for Acceptable Use of District computer System by Employees" and that I 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.

Name: _____

Signature: _____

Date: _____