

Acceptable Use Policy Form

Name	
Address	
City, State ZIP	
Home Phone	

I have read the district's Acceptable Use Policy, and by signing below I agree to abide by their provisions. In consideration for the privilege of using the district's technology resources, I hereby release the district, it's operators, and any institutions with which they are affiliated from any and all claims of damages of any nature arising from my use of, or inability to use, these resources, including, without limitation, the type of damages identified in the district's policies and administrative regulations.

For students under age 18...

Student Signature		Grade	
Parent Signature (if under 18)		Date	

For students over age 18 and faculty members ...

Faculty Signature		Date	
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*** TECHNOLOGY USE ONLY ***

Account Provisioned	
Network Folder Created	
Google Apps E-Mail Account Created	
Provisioning Date	
SISD Rep Initials	

Students will NOT be issued a device and/or device services as provided by Snook ISD until this form is completed and returned.