



2022

2023

Acceptable Use Policy Acknowledgement Form  
MCS Faculty and Staff

**MCS Faculty and Staff:**

I (PRINT FULL NAME) \_\_\_\_\_ have read, understand, and will comply with the Acceptable Use Policy presented by Mitchell County Schools. I further understand that violation of the policy and/or rules may result in the revocation of device and/or Internet privileges and may also be subject to further disciplinary and/or legal action.

Signature \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_