

WEST FELICIANA PARISH SCHOOLS
EMPLOYEE ACCOUNT AGREEMENT

Please Print

Name _____

Position _____

School or Department _____

I have read the District Acceptable Use Policy. I agree to follow the rules contained in this Policy.

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the District system.

Signature _____ Date _____