

LAKE PEND OREILLE SCHOOL DISTRICT #84

Acceptable Use Policy

Agreement Form

(Shall be a part of policy.)

By signing this, I acknowledge that I have read, understand and will abide by Policy 5337 - Acceptable Use by Staff. I further understand that should I commit any violation, my access privileges will be revoked and disciplinary action and/or appropriate legal action will be taken. In consideration for using the District's Network connection and having access to public networks, I hereby release Lake Pend Oreille School District, and its Board members and agents from any claims and damages arising from my use or inability to use the District Network.

Date

Employee Name (please print)

Employee Signature