

# Employee Application/Agreement for Network/Internet Access

Employee's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

School/Facility: \_\_\_\_\_ Room/Office: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

I understand and will voluntarily abide by **Dickinson ISD's Network/Internet Acceptable Use Guidelines**. I further understand that any violation of the guideline is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked. In addition, disciplinary action consistent with District policy and/or appropriate legal action may be taken. My signature indicates that I have read the Dickinson ISD Network/Internet Acceptable Use Guidelines carefully, understand its significance, and voluntarily agree to comply fully with all terms and conditions therein.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_



## Principal/Supervisor Approval:

I verify that this employee has a need to access the District's Network/Internet account and that he/she has received adequate training regarding the appropriate use of the Network/Internet.

Date: \_\_\_\_\_ Principal/Supervisor Name (print) \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_

