

**AUTHORIZATION FOR ACCESS TO  
DISTRICT TECHNOLOGY SYSTEM BY STUDENTS**

This form must be read and signed by each student (and if under age 18 by his/her parent/guardian) as a condition of using the District Technology System.

By signing this Authorization, I acknowledge that I have received a copy of the Guidelines for Acceptable Use of District Technology system by Students, and that I have read, understand, and agree to follow the Guidelines.

I acknowledge that access to the District Technology System is provided as a privilege by the District and that inappropriate use may result in discipline, as may off-site use of electronic technology which disrupts or can reasonably be expected to disrupt the school environment.

**I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY USE OF THE DISTRICT TECHNOLOGY SYSTEM, AND THAT THE DISTRICT HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_