

Tri-Valley CSD – Acceptable Use Agreement

Name: _____ Date: _____

School/Office: _____

I have read, understand and agree to the terms of the District’s Acceptable Use of the District’s Information Technology Network Policy (Board Policy #8360) I understand that I have no right to privacy when I use the district’s Network and I understand that the District may monitor my communications while using the District’s Network. I further understand that any violation of District policy may result in suspension or revocation of my Network access and privileges, other disciplinary action and possible legal action, as appropriate. I understand that my Network account may be terminated at any time for any reason.

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’s Network including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products and services.

Signature: _____

Date: _____

Password Requested: _____
(must contain a minimum of 8 letters/digits)

(To be completed by Network Administrator)

Network Username: _____

Network Password: _____

Email Address: _____

Email Groups Assigned:
(check all that apply)

- | | | | |
|--------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration Building | <input type="checkbox"/> Administrators | <input type="checkbox"/> Aides | <input type="checkbox"/> ALC |
| <input type="checkbox"/> All Special Ed | <input type="checkbox"/> Building& Grounds | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> ES ALL |
| <input type="checkbox"/> ES Humanities | <input type="checkbox"/> ES Special Ed | <input type="checkbox"/> ES Support Staff | <input type="checkbox"/> ES Teachers |
| <input type="checkbox"/> Guidance | <input type="checkbox"/> Monitor | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Pub. Wireless |
| <input type="checkbox"/> SS All | <input type="checkbox"/> SS Special Ed | <input type="checkbox"/> SS Support Staff | <input type="checkbox"/> SS Teachers |
| <input type="checkbox"/> Summer Program | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Techs | <input checked="" type="checkbox"/> TVCS ALL |
| <input type="checkbox"/> UPK Aides | <input type="checkbox"/> UPK Teachers | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st Grade |
| <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 5 th Grade |
| <input type="checkbox"/> 6 th Grade | <input type="checkbox"/> 7 th Grade | <input type="checkbox"/> 8 th Grade | Dept./Group: _____ |