

## Tri-Valley CSD-Network Acceptable Use Agreement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Building/Room: \_\_\_\_\_ Grade/Department: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Cell Phone Number (for IT to contact you with login information) \_\_\_\_\_

I have read, understand and agree to the terms of the District's network acceptable use agreement (board policy #8630). 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 their 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 and all affiliates 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: \_\_\_\_\_