

Authorization Form:

**ACCEPTABLE USE OF TECHNOLOGY POLICY (AUP)
AUTHORIZATION FORM**

******The following section must be completed by all employees, students, and users of District electronic resources ******

By signing below, I acknowledge that I have received, read, and understand Policy 9:01, the *Acceptable Use of Technology Policy (AUP)*, and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials. I understand that it is my responsibility to become acquainted with the AUP and related materials, and to keep up-to-date on any changes that may be implemented from time to time. I understand that I am expected to comply by the AUP and related materials, that I may not be notified immediately by the District of changes to the AUP and related materials, and that my ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that I may be disciplined (up to and including suspension and expulsion, for students, and dismissal, for employees) and/or subject to other legal action for violations of the AUP and related materials.

User's Full Name	User's Position (for Employees), Grade (for Students), or Relationship with District (for All Other Users)
User's Signature	Date

******The following section must be completed by each student user's parent/guardian ******

As the parent/guardian of the student signing above, I acknowledge that I have received, read, and understand Policy 9:01, the *Acceptable Use of Electronic Resources (AUP)*, and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials for myself and for my student. I understand that it is my responsibility to make sure my student and I are acquainted with the AUP and related materials and keep up-to-date on any changes that may be implemented from time to time. I understand that my student is expected to comply with the AUP and related materials, that my student and I may not be notified immediately by the District of changes to the AUP and related materials, and that my or my student's ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that my student may be disciplined (up to and including suspension and expulsion) and/or subject to other legal action for violations of the AUP and related materials.

Parent/Guardian's Full Name	
Parent/Guardian's Signature	Date