

SIGNATURE PAGE
Information Technology and Network Use Agreement

The Oconomowoc Area School District provides employees and students access to its Information Technology and Network (ITN) resources for educational and other school-related purposes. ITN resources include, but are not limited to, computers, software, mobile devices (e.g., laptops, iPods/MP3, cell phones, etc), e-mail, and Internet access. These resources are available in each school and, in some cases, via remote access. Use is a privilege and users agree to comply with all provisions of the Information Technology and Network Use Policy.

As a user of District ITN resources, I recognize and understand that these resources are the exclusive property of Oconomowoc Area School District. I agree not to use ITN resources in a way that is disruptive, offensive, or harmful to others or to the District. Further, I agree not to use a password that has not been disclosed to the District. I agree not to use pass codes, access a file or retrieve any stored communication, other than where authorized, unless there has been prior clearance by a teacher or District administrator. I agree not to copy, send or receive copyrighted or confidential materials without permission.

I am aware that the District reserves, and will exercise the right, to review, audit, intercept, access and, if necessary, disclose all matters on the District's ITN resources when legitimate purposes require it. I am aware that the District may exercise these rights with or without notice. I am aware that use of a password or code does not guarantee confidentiality or privacy or restrict the District's right to access electronic communications.

▼ STUDENT / STAFF:

I understand and will abide by the Information Technology and Network Use Policy. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

Name (please print): _____ Grade: _____

Signature: _____ Date: _____

▼ PARENT OR GUARDIAN:

As the parent or guardian of this student, I have read the Information Technology and Network Use Policy. I understand that access to these resources is for educational and school-related purposes. I recognize that it is impossible for the Oconomowoc Area School District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. I hereby give permission to issue accounts for my child and certify that the information contained in this form is correct.

Parent or Guardian's Name (please print): _____

Signature: _____ Date: _____

Final Approval: July 10, 2001 Regular Board of Education Meeting
Reviewed: March 20, 2007 Regular Board of Education Meeting
Revised: December 18, 2012 Regular Board of Education Meeting