

Scotia-Glenville Central School District

5355-F STUDENT ACCESS RELEASE AUTHORIZATION FORM

Please read the following information and fill out the user information below. Before using the Scotia-Glenville CSD Network, which includes e-mail, you must sign this form and return it to the IT Department located in the District Office.

Please read and keep the *Acceptable Use Procedures, Technology Ethics Statement, and Internet Safety Policy* for your reference.

I understand the use of Scotia-Glenville CSD Network and access to public networks (i.e. the Internet) is a privilege, and I agree to the following:

1. The Scotia-Glenville CSD owns all material stored on any system provided by the District. I hereby waive any ownership I may otherwise have to such material.
2. All information and services available on the internet and Scotia-Glenville CSD Network are placed there for informational purposes.
3. The Scotia-Glenville CSD does not warrant the function of Scotia-Glenville CSD Network or any component accessible through the Scotia-Glenville CSD Network to meet any requirements that are beyond those established by the District, or that Scotia-Glenville CSD Network will be error free or uninterrupted.
4. In consideration for using Scotia-Glenville CSD Network and having access to public networks, I hereby release the Scotia-Glenville CSD and its officers, employees and agents from any claims and damages arising from my use or inability to access Scotia-Glenville CSD Network.
5. I will abide by such rules as adopted by the Scotia-Glenville CSD. I have read and agree to comply with the *Acceptable Use Procedures, Technology Ethics Statement, and the Internet Safety Policy* (#4355). I also understand that any violation of such rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action taken.

Agree ☐

User SIGNATURE: _____ DATE: ____/____/____

Parent/Guardian SIGNATURE: _____ DATE: ____/____/____

Please complete the following User Information: (please print)

Name: _____
(First) (Middle Initial) (Last)

School/Building: _____ Department: _____

Position/Title: _____ Phone Extension: _____

To be completed by IT Department:

LOGIN ID: _____