



EMPLOYEE

Acceptable Use Policy

ALL USERS MUST COMPLETE THIS FORM AND RETURN TO THE CAMPUS DESIGNEE

User Application (to be completed by user): All fields are required for processing

I understand and will abide by the Fort Hancock Independent School District Acceptable Use Policy for network access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and /or appropriate legal action may be taken.

User's full name (please print): _____ Position: _____

Date of Birth: ____/____/____ Campus: _____

User I.D.: _____

User Signature: _____ Date: _____

*****PLEASE DO NOT WRITE BELOW THIS LINE*****

User I.D.: _____ Password: _____

Date Assigned: _____ Date Removed: _____

Initials: _____