



LOWNDES COUNTY
School District
CALEDONIA • NEW HOPE • WEST LOWNDES • CAREER TECH

**EMPLOYEE INTERNET/NETWORK USAGE POLICY
AGREEMENT/PERMISSION FORM**

EMPLOYEE'S NAME *(please print)*: _____

SCHOOL'S NAME: _____

I acknowledge that I have read, understand, and agree to all the terms in the Lowndes County School District's Internet/Network Usage Policy. I understand that inappropriate behavior may lead to penalties including revoking of account, disciplinary action, and/or legal action.

I agree not to allow other individuals to use my account for Internet activities, nor will I give anyone my password.

I release the Lowndes County School District and all other organizations related to the Lowndes County School District's Internet/network connection from any liability or damages that may result from the use of the connection. In addition, I accept full responsibility and liability for the results of my actions with regards to the use of the Internet and network.

I acknowledge that I have read, understand, and agree to all terms in the Lowndes County School District's Internet/Network Usage Policy Agreement. I understand that this agreement will be binding during my entire employment with the Lowndes County School District.

_____ **I WILL** use the Internet/network and email while at Lowndes County School District.

_____ **I WILL NOT** use the Internet/network and email while at Lowndes County School District.

SIGNATURE:

DATE:

**Users will be notified if their privileges are revoked.*

"Challenging all students to attain their greatest potential."