

SCHOOL DISTRICT OF WAUKESHA TECHNOLOGY ACCEPTABLE USE

Access Release and Authorization Form

As a condition of using technology in the School District of Waukesha, I agree to the following:

1. I will abide by such rules as adopted by the School District of Waukesha including District Technology Acceptable Use Policy and the Guidelines for Technology Acceptable Use.
2. The School District of Waukesha has the right to review any material stored on any system provided by the District and to edit or remove any material.
3. All information and services available on the District's networks are placed there for educational purposes, which I use at my own risk and without warranty. School District of Waukesha staff are not liable for any damages incurred in connection with the use, operation or inability of the networks.
4. The user acknowledges that his/her choice to use personal technologies in a School District of Waukesha building, on school grounds, or at a school-sponsored activity at any location, that in any manner that would otherwise violate this policy, will be subject to disciplinary action. Such discipline may include confiscation of the personal technology, loss of computer privileges, and other penalties and disciplinary actions up to and including suspension and expulsion.

The student acknowledges his/her responsibility to review and comply with the requirements set forth in Board of Education Policy 6150 **TECHNOLOGY ACCEPTABLE USE POLICY**, and Policy 6150G **GUIDELINES FOR TECHNOLOGY ACCEPTABLE USE**, which are available at <http://www.waukesha.k12.wi.us/District/Policies/Instruction.aspx>

I have read this document and the Technology Acceptable Use Policy and agree to abide by them, and to uphold my responsibilities as a user of the School District of Waukesha computers and networks, and to uphold the same responsibilities as a condition of using personal technologies in a school building, on school grounds, or at a school-sponsored activity at any location. I also 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 and disciplinary action taken.

User Name: _____ School: _____ ID# _____
(please print)

User Signature: _____ Date: ____/____/____ Grade: _____

PARENT OR GUARDIAN

(If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Technology Acceptable Use Policy and Access Release and Authorization Form. I understand that this access is designed for educational purposes. I recognize it is impossible for the School District of Waukesha to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue access and/or an account for my child.

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

Signature: _____ Date: _____

Completed form must be returned to your building principal in order to access District Technology

Any questions regarding Acceptable Use Policy can be directed to: 970-1075 SDW Chief Information Officer
970-1095 Media Services Manager

Reference: Policies #6150/6150G-Technology Acceptable Use Policy

Entered in IC: _____ Date: _____