

815.1 – Attachment 2
ACCEPTABLE USE OF INTERNET, COMPUTERS AND NETWORK RESOURCES
STAFF USER AGREEMENT FORM

After reading the Acceptable Use Policy, please complete this form to indicate that you agree with the terms and conditions outlined. Your signature is required before access may be granted. As an employee of the Wyoming Area School District and a user of the computer network, I have read and hereby agree to comply with the Acceptable Use Policy.

Signature: _____ Date: _____

Full Name: _____ (please print)

Building: _____

Job Title: _____

Home Telephone: _____

Daytime Telephone: _____