

Technology and Communication Services Access Authorization and Release/Agreement Form for Students

I, _____ (name of user), as a condition of utilizing technology and communication services, including but not limited to Fairfield networks and the Internet, understand the use of and access to networks. The use of any network, including the Internet, is a privilege and I agree to the following:

1. I have read, understand, and agree to comply with the Fairfield City School District Technology and Communication Services Policy and Regulations. 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/or disciplinary action taken.
2. I understand and agree that all information and services accessed on the Internet within the district are through district-approved Internet providers and are intended for educational purposes only.
3. I understand and agree that I have no expectation of privacy in my use of the technology and communication services of the District.

Please print the following information:

User Name: _____ **Birthdate:** _____
School: _____ **School year:** _____
Teacher: _____ **Grade level:** _____
Date: _____

Student Signature

REQUIRED:

Parental Authorization and Release/Agreement for Technology and Communication Services Access (If you are under the age of 18, a parent/guardian must also read and sign this agreement.)

As the parent or guardian of this student, I/we have read and understand the Technology and Communication Services policy and regulations, and the Access Authorization and Release/Agreement Form, and agree to their terms and conditions. I/We confirm my/our child's intentions to abide by the terms and conditions therein, and I/we agree to supervise my/our child's use of the district's computer network from home or outside the classroom. Furthermore, I/we recognize that the Board is under legal obligation to protect the personally identifiable information of students. Therefore, as the parent/guardian of this student, I understand and agree that emails containing personally identifiable student information sent to the email address I provide to the school should not be shared with others.

Student's Name: _____

Signature: _____ **Date:** _____
Parent or Guardian