
Network Access For Student Personal Device Request Form
ALTOONA AREA SCHOOL DISTRICT

Device Access to Network is requested for the following:

Student Name: _____ Student ID#: _____

Building: _____ Grade: _____

Parent Name: _____

By checking this box, we understand if given approval to use this device on the District's network, we will abide by the following District policies:

**815 – Acceptable Use of Internet/Intranet
237 – Electronic Devices**

Student Signature: _____

Parent Signature: _____

Device Information

Make / Model of Device: _____ Device Type: _____
(ie. laptop, tablet, smart phone, iPod, iPad, etc.)

Operating System (if known): _____
(ie. Windows 8, iOS7, Android, Linux, etc.)

NOTE: Upon administration approval, access to the AASD network is valid only for the current school and the above named device. Requests for network access must be made annually and/or at any time the above named device may be replaced with a new device.

Date of Request: _____	Approved By: Principal: _____
Requested By: _____	Technology Director: _____

FOR COMPUTER DEPARTMENT USE ONLY:

Received By: _____ Date Received: _____

Completed By: _____ Date Completed: _____

Device MAC Address: _____

Device Access To Network Permitted:

USERID: _____ **PASSWORD:** _____

***** Upon approval by the building Principal, please submit request to the Director of Technology. Allow minimum of 3 days processing.**