

Network Access Form – Member

Clark County School District

Name _____

Date _____

Location _____

Work Phone _____

Position _____

Please read and sign the statement below:

I have read and will abide by the conditions set forth in the Clark County School District Acceptable Use Policy. I agree to adhere to the Clark County School District policies and regulations regarding network access. I understand that if I violate these policies, I may be subject to disciplinary procedures as well as applicable state and federal laws. In addition, I understand that my account can be revoked at any time for violation of the Clark County School District Acceptable Use Policy.

Signature _____

Date _____

Distribution: Original – School Administration Yellow – Employee
Unit: 005