

Billings Public Schools

Technology Department
415 North 30th Street Billings MT 59101-1298
(406) 247-3838 www.billings.k12.mt.us



Personal Technology Use Agreement

I, _____ am requesting permission to use my personal computer on the district network.

I understand and agree to the following:

- _____ District technology personnel will not be able to assist me with the computer.
- _____ I will keep updated anti-virus software on my Windows based computer with current virus definitions.
- _____ I may not have access to all district services.
- _____ I will not install district software on my computer unless specifically allowed by license.
- _____ I will renew this approval once per year.

I have a:

Macintosh _____ PC _____
Desktop _____ Laptop _____

Serial Number: _____

Operating System: _____

Signature: _____ Date: _____

Approved By: _____ Date: _____
Director of Technology