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