

**Lower Merion School District  
Acceptable Use Agreement  
District Information Technology Resources  
(Return to Human Resources)**

**Account Owner (please print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Position \_\_\_\_\_ Building \_\_\_\_\_

Supervisor/Principal \_\_\_\_\_

**Account Information (please print)**

\_\_\_\_\_ District Employee

\_\_\_\_\_ Temporary Employee                      Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_ Non-District Employee                      Relationship to District \_\_\_\_\_

Reason for Account \_\_\_\_\_

**ACKNOWLEDGEMENT AND ACCEPTANCE OF ACCEPTABLE USE OF DISTRICT INFORMATION  
TECHNOLOGY RESOURCES POLICY AND ADMINISTRATIVE REGULATION**

Staff members are required to act in a responsible, ethical, and legal manner when using District information technology resources. Such use shall be in accordance with Board Policies and Administrative Regulations #350/#450/#550, accepted rules of network etiquette, and applicable law.

By signing below, I acknowledge that I have reviewed Board Policy and Administrative Regulation 350/450/550, and that I agree to use all District information technology resources in accordance with the guidelines outlined therein.

I understand that violation of the guidelines outlined in Board Policy and Administrative Regulation 350/450/550 may result in loss of access or other limitations or consequences.

I understand that all data and communications stored or transmitted on, over or through District information technology resources can and may be reviewed by authorized employees. Employees have no expectation of privacy with regard to such data or communications.

I have read, understand, and agree to be bound by the terms and conditions outlined above.

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_