

**Douglas County School District 4**

Code: **IBGA-AR**  
Adopted: 08/13/97  
Revised: 08/01/17

**Roseburg School District Technology Access  
Acceptable Use Policy  
Staff Agreement**

Name (Please print) \_\_\_\_\_

School/Site \_\_\_\_\_

Position \_\_\_\_\_

**I have read and agree to follow the Roseburg School District’s Acceptable Use Policy. I understand that violation of the policy could result in disciplinary action.**

**I hereby hold harmless and agree to indemnify the district from any and all claims and damages of any nature arising from my misuse of District electronic communications systems including, without limitations, the type of damages identified in the district’s policy and administrative regulations.**

**I understand that students must follow the district and school policy and I will supervise them accordingly and will report violations to the appropriate person.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



User Name\* \_\_\_\_\_

\*Convention: First initial + last name (i.e. John Smith = jsmith)  
E-mail Address = user name@roseburg.k12.or.us

Requested Password: \_\_\_\_\_

**Password Requirements:**

- Minimum of 8 characters
- At least one character must be a capital letter
- At least one character must be non-alphabetic, like a number
- Your name or user name cannot be part of the password