

Mifflinburg Area School District

178 Maple Street
Mifflinburg, PA 17844
570-966-8200

**Acceptable Use Policy Authorization Form
Parent or Guardian**

As the parent or guardian of this student, I have read the Acceptable Use Policy and agree with its terms. I understand that this access is provided for educational purposes only and I have conveyed to this student the standards that they should follow when using any media and information sources.

I understand that it is impossible for the Mifflinburg Area School District to restrict access to all controversial and inappropriate materials, and I will not hold the District responsible for materials acquired on the network and I release the District, employees and agents from any claims and damages arising from my child's use, or inability to use the Internet. I understand the District has the right to review any materials stored on any system provided or supported by the District and to edit or remove any material. I waive any right I may otherwise have in and to such materials.

I hereby give permission for my child to access the Internet as an academic resource under the supervision of a teacher or librarian and certify that the information contained on this form is correct.

I understand that violations of the policy may have consequences ranging from censure to revocation of access privileges to suspension, expulsion, or restitution, and that these violations may be reported to local, state and or Federal legal authorities.

Parent or Guardian (please print):

Signature: _____ Date: ___/___/___

Mifflinburg Area School District

**Acceptable Use Policy Acknowledgement
and
Internet Access Request Form**

Student

I have read the Acceptable Use Policy and agree with its terms. I understand that this access is designed for educational purposes. I understand it is impossible for the Mifflinburg Area School District to restrict access to all controversial and inappropriate materials, and I will not hold them responsible for materials acquired on the network and I release the District, employees and agents from any claims and damages arising from my use, or inability to use the Internet.

I understand the District has the right to review any materials stored on any system provided or supported by the District and to edit or remove any material. I waive any right I may otherwise have in and to such materials.

I understand that violations of the policy may have consequences ranging from censure to revocation of access privileges to suspension, expulsion, or restitution, and that these violations may be reported to local, state and or Federal legal authorities.

I hereby request Internet access to use as an academic resource under the supervision of a teacher or librarian and certify that the information contained on this form is correct.

Student's Name (please print):

_____ Student No. _____

Signature: _____ Date: ___/___/___

(Students Grade K-4 exempt from signature)

School: _____ Grade: _____