

School Year: _____

EMPLOYEE TECHNOLOGY INFORMATION AGREEMENT

Legal First Name: _____ Nickname: _____

Middle Initial: ___ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Last Four Digits of SS# _____ Date of Birth: _____

Home Phone: _____ Current Email Address: _____

Emergency Contact Information (Name and Number): _____

Grade/Subject/Position: _____ School: _____

Would you like for Calhoun County Schools to request a transfer of your STI PD professional development records? _____ If yes, in which school system were you employed?

I have received and am knowledgeable of the content in the Data Governance Policy including the Acceptable Usage Policy and Email Guidelines.

Name: _____ Date: _____

**Accounts are disabled on the last day of active employment or when on leave for more than 6 months.*