

2024-2025 Responsible Use Policy
Employee Acknowledgment Form

I have read the District's electronic communications system policy and administrative guidelines as posted Bishop CISD website. I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

PLEASE PRINT CLEARLY.

First Name: _____ Last Name: _____

Address: _____ City/Zip: _____

Cell Phone: _____

Expected Assigned Campus: _____

Expected Subject/Grade Level (If Applicable): _____

Last 4 Digits of SS: _____ Employee ID: _____

Employee Signature: _____ Date: _____