

FLORIDA STATE UNIVERSITY SCHOOLS

Bring Your Own Device Registration Form

Student Name: _____ **Grade:** _____

Type of Device: _____

Device Serial Number: _____

Device MAC Address: _____

(FSUS IT Staff Will Assist/Verify this item.)

I have read and agree with the Florida State University Schools Student Code of Conduct as it applies to Acceptable Use of Technology.

Student Signature

_____/_____/_____

Date Signed