

**AUTHORIZATION FOR INTERNET ACCESS**  
**FOR**

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**Name of Student or Staff Member (Please Print)**

**The entire Authorization for Internet Access document should be read carefully before anyone signs this form.**

**USER**

I understand and agree to abide by the District Authorization for Internet Access. I understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken by the District. In consideration for using the District's Internet connection and having access to public networks, I hereby release the New Athens School district and its Board members, employees, and agents from any claims and/or damages arising from any use or inability to use the Internet.

I have received and agree to the attached board policy.

Date: \_\_\_\_\_

User's Signature \_\_\_\_\_

This information complies with New Athens Community School District 60 Board of Education Policies.