

ELECTRONIC COMMUNICATIONS SYSTEM—IIBGA-AR
(continued)

STAFF AGREEMENT FOR AN ELECTRONIC COMMUNICATIONS SYSTEM ACCOUNT

I have read the district's Electronic Communications System policy and administrative regulation and agree to abide by their provisions. I understand that violation of these provisions will result in suspension or revocation of system access and related privileges and/or referral to law enforcement officials.

In consideration for the privilege of using the district's Electronic Communications System and in consideration for having access to the public networks, 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 or inability to use the system including, without limitation, the type of damages identified in the district's policy and administrative regulation.

I understand that my district electronic communications are subject to public records law.

Signature: _____

Home Address: _____

Date: _____ Home Phone Number: _____

Assigned Username: first name last name

Initial Password: password (to be changed by user)