

VIGO COUNTY SCHOOL CORPORATION NETWORK USE AGREEMENT

I understand and will abide by the VCSC Network Policy. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary and/or appropriate legal action may be taken.

User Signature:

Date:

PARENT OR GUARDIAN

(If the user is under the age of 18, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I understand that VCSC Network use is designed for educational purposes. Further, I understand that the Vigo County School Corporation has taken precautions to limit student access to controversial material. However, I also recognize that it may be possible for a student to access controversial material and I will not hold the corporation responsible for materials acquired on the VCSC Network. I accept full responsibility for supervision if and when my child's use is not in school setting; I hereby give my permission for my child to be allowed VCSC Network access.

Parent or Guardian's Name (please Print):

Signature:

Date:

Adoption Date: February 12, 1996 Legal Ref: Cross Ref: