

# ASHLAND CITY SCHOOLS

## Staff Acceptable Use Policy Form

I understand and agree to abide by the **District Network and Internet Access Guidelines**. I understand that should I commit any violation, my access privileges may be revoked, and disciplinary action and/or appropriate legal action may be taken. I hereby release the Board of Education and its administrators from any and all claims of any nature arising from my use or inability to use the district network and Internet/e-mail resources.

**(Please sign and return your building principal or supervisor)**

Printed Staff Member Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Member

Date \_\_\_\_\_

AUP