

Fairfield Area School District Employee Account Agreement

Name _____

Position _____

School or Department _____

I have read the District Acceptable Use Policy and E-mail Usage Policy. I agree to follow the rules contained in these Policies. I understand that if I violate the rules, I may face disciplinary action in accord with district policies or the collective bargaining agreement.

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Signature _____ Date _____

Fairfield Area School District Guest Account Agreement

Name _____
Address _____
Phone _____

I have read the District Acceptable Use Policy and E-mail Usage Policy. I agree to follow the rules contained in these Policies. I understand my account may be terminated as follows:

My account may be terminated at any time upon notice to me. In this event, I will be given the opportunity to remove my personal files.

If my account is unused for more than 30 days, it may be terminated and my personal files removed without notice.

The purpose for which this account is provided is: _____

I agree to limit my use of my account to activities related to the above stated purpose. I hereby release the district, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Signature _____ Date _____
Guest Account authorized by _____
School or Department _____

This space reserved for System Administrator

Assigned User Name: _____
Assigned Temporary Password: _____

