



Anchorage School District

Staff and Community Internet User Agreement

We are pleased to offer access to the Anchorage School District computer network for Internet access. Please note that it is your responsibility to read the Anchorage School District Internet & Electronic Communications Guidelines provided on our website at www.asdk12.org/internet.

To obtain access to the ASD network the following procedures apply. Please check the appropriate box.

- Regular and Substitute Staff Members** are required to sign this document upon hire. Email and Internet access will be automatically implemented.
- Temporary Staff Members** will be given access upon Supervisor's request. Upon receipt of this form, IT will set up the account with an expiration date identified by the Supervisor. The expiration date will not exceed one year from the hire date. This form must be accompanied by the Request for Non-ASD or Temporary Employee Access to Data form.
- Community Members and Interns** working with the District are not given Anchorage School District email accounts. However, at your Supervisor's request, your name may appear in the ASD Global Address List and District emails will be routed to your personal email account.
Personal Email Address: _____

NOTE: The Tech Contact at your location will be notified when your account has been created.

Legal Name (Print): _____

Preferred First Name (Email Name): _____ Birth Date: _____

School/Department: _____ Daytime Phone: _____

Social Security # _____

The Anchorage School District is not liable for any harm or injury that a user may suffer as a consequence of any inaccurate information the user may obtain through the Internet and Electronic Mail Services. By entering into this User Agreement, the user agrees to be bound by the release of liability and waives any and all rights to assert claims that may arise due to the use of these electronic services (6 AAC 96.400-.420)

I have been given, and agree to review the Anchorage School District Internet & Electronic Communications Guidelines.

Signature: _____ Date: _____

To be completed by Supervisor or HR Staff member:

Authorizing Name and Title: _____

Authorizing Signature: _____ Date: _____