

Laptop Number _____

iPad Number _____

Addendum III

*Comanche ISD Acceptable Use Policy
for Electronic Communications Signature Form*

I have read and understand the **Comanche Independent School Districts Electronic Communications Acceptable Use for Electronic Communications Policy and Mobile Device Handbook**. The user agrees to abide by the rules of acceptable use and understands there are consequences for violating these rules. In consideration for the privilege of using mobile devices and the electronic communications system and in consideration of having access to the public networks, I hereby hold blameless and release from any liability, Comanche Independent School District, it's operator and any institutions with which they are affiliated, from all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and administrative regulation.

Parent/Guardian

I have read and discussed the Comanche ISD Acceptable Use Policy and agree to permit

_____ to have network and Internet privileges.

Print Student's Name

Grade

I further agree that I will not hold Comanche ISD in any way responsible if a student accesses inappropriate material through these services.

Parent or Guardian Signature

Date

Student

I have read and understand the Comanche ISD Acceptable Use Policy and will abide by the terms and conditions. I understand that violation of these policies is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action taken, and/or appropriate legal action applied.

Student Signature

Date

Employee

I have read and understand the Comanche ISD Acceptable Use Policy and will abide by the terms and conditions. I understand that violation of these policies is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action taken, and/or appropriate legal action applied.

Employee Signature

Date

Return to Associated Campus or Admission Office

