## **Edgenet Acceptable Use Agreement Form**

I understand and will abide by the Edgewood Independent School District Acceptable Use Policy for the Edgenet System procedures and administrative guidelines and agree to abide by their provisions. I further understand that any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

User's Full

Name:	
User's	
Signature:	Date:
COMPLETE FORM BELOW	
Campus/Dept. Name:	Employee ID#
Phone Number:	Position:
Home Address:	
Home Phone Number:	
Current E-Mail Address:	

(Please sign this page, detach it, and return it to your Home Campus. Thank You.)