



DONNA ISD STUDENT AUP AGREEMENT

STUDENT ID: _____ **GRADE:** _____

SCHOOL: _____

I understand that my computer use is not private and that the District will monitor activity on the computer system. I have read the District's electronic communication system policy and Student Hand book and agree to abide by their provisions. I understand that any violations of these provisions may result in suspension or revocation of the system access.

Student First Name (Please Print)

Student Last Name (Please Print)

Student Signature

Date

PARENT AGREEMENT:

I have read the District's Guidelines for the Acceptable Use of Donna ISD Technology Resources and this agreement form. In consideration for the privilege of my child using the District's electronic communication system and having access to their technology resources, I hereby release the District or any personnel from any claims and damages of any nature arising from my child's use of, or inability to use, the electronic communication system without limitation identified by the District's policy.

Parent or Guardian (Please Print)

Parent or Guardian Signature

Home Address

Home phone number

Email address

Date