



Employee Account Agreement

Name _____

Position _____

School or Department _____

I have read the District Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, I may face disciplinary action in accord with District Policy CQA.

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 _____

SSN# _____