



INTERNET ACCEPTABLE USE POLICY
(Staff Member Certification Form)

Employee Name: _____

Employee Nickname: _____

School/Department: _____

Position: _____ Hire Date: _____

Administrative Rule. I understand and will abide by the conditions and rules set forth therein. I further understand that violations of these conditions and rules are unethical and also may constitute a criminal offense. Should I commit any violation, my access privileges may be suspended or canceled, disciplinary action may be taken, and appropriate legal action also may be instituted. I also agree to be responsible for any unauthorized costs incurred by my use of the Internet.

Staff Member Print Name

Staff Member Signature

Date

Technology