



## TECHNOLOGY USE AGREEMENT FOR STAFF

User's Full Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Street address, city, state, zip code

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell number: \_\_\_\_\_

I have read EMID Policy 524 Computer Access and Internet Use and Safety. I have read the corresponding Procedure 524A and I understand or have had this information explained to me and will abide by the Policy and Procedure.

Furthermore, I agree that students that use technology under my direction will be closely and directly supervised.

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_