

Employee Access to Electronic Media
(to be signed annually by each employee)

User's Name _____	Last Name _____	First Name _____	Middle Initial _____
User's Address _____			
City _____	State _____	Zip Code _____	
User's Age _____	Date of Birth _____	Sex _____	
Home Phone # _____		Business Phone # _____	

Please check if you are a ☐ Certified employee ☐ Classified employee

As a user of the Henderson County computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print.) _____

User's Signature _____ Date _____