



**Sabine Pass ISD
Employee Agreement for Acceptable Use
Policy for Technology Resources**

I have read the **Acceptable Use Policy for Technology Resources** and agree to abide by their provisions. I understand that my computer use is not private and that the District will monitor my activity on the computer system. In consideration for the privilege of using the District's electronic communications system and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and administrative regulations.

Staff Name (Please print): _____

Staff's signature: _____

Date: _____