

Please Print Name: _____	Last	First	Middle Initial
Location: _____	Job Title: _____		
School or Department			

Staff Acceptable Use Policy Agreement Form

I have read and understand the Adair County School District's *Staff Acceptable Use Policy*. I will abide by the terms and conditions that are set forth in this policy. I understand that violation of this policy will result in my loss of access to the Adair County School District's technology resources and network, including Internet and e-mail and that I may face further disciplinary or legal actions.

Students who are under my supervision will be closely monitored while they are utilizing technology resources and the network, including Internet and e-mail. I will explain the *Student Acceptable Use Policy* to my students in a means that is appropriate for the grade level of those students. I will further teach them how to use and care for any technology resource that they are provided access to at school.

I hereby release the Adair County Board of Education and its personnel from any or all claims or damages that may arise as a result of my inappropriate use of the Adair County School District's technology resources and network, including Internet and e-mail as set forth in this agreement. By signing below, I accept the terms of the *Staff Acceptable Use Policy* as set forth by the Adair County Board of Education.

Staff Signature: _____ **Date:** _____

Data Management Policy Staff Agreement Form

I have read and will abide by the Adair County School District's *Data Management Policy*. I understand that I am responsible for the security and confidentiality of the data that I have been provided rights to access. I will immediately notify the building level administrator as soon as I become aware that the security of data has been breached. I further understand that violation of this policy may result in disciplinary and/or legal action, as determined by school officials.

Staff Signature: _____ **Date:** _____

Permission to Release Staff Information to the Media Agreement Form

The Adair County School District takes pride in the accomplishments of our students, staff, schools, and district. For the purpose of showcasing these accomplishments, the district requests permission to release to the following media outlets.

Please check <input checked="" type="checkbox"/> the media outlets below that you give permission for your information to be released to:	
<input type="checkbox"/>	School Yearbook
<input type="checkbox"/>	Print Media (School & Community Newspapers)
<input type="checkbox"/>	Broadcast Media (Audio & Video Production, including Radio & TV)
<input type="checkbox"/>	Internet (School & District Websites, School-Sponsored Social Networking Websites, and Other Online Media Websites)

I do NOT give permission for the school or district to release my personal information to any of the above-named media sources.
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Your signature below will authorize the Adair County Schools and District to release your name, photograph, and accomplishments to the above-named media outlets for which you have granted permission. I hereby release the Adair County Board of Education and its personnel of any liability that results from the aforementioned.

Staff Signature: _____ **Date:** _____