5335F1

Electronic Communications Device Agreement

Every staff member must read and sign below:

I have read, understand, and agree to abide by the terms of the Preston School District's policies regarding District-provided electronic communications devices (Policy No. 5335). Should any violation or misuse of the device occur while it is in my custody, I understand that I may be subject to disciplinary action, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person.

I accept full responsibility for the safe and secure handling of the device for this school year. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to the designated administrator.

_____I do not wish to take the device home at this time.

User's Name (Print)_____ Home Phone:_____

User's Signature: _____ Date: _____

Address:_____

Signature: _____