

**SOUTHAMPTON UNION FREE SCHOOL DISTRICT COMPUTER, NETWORK
AND INTERNET USE AGREEMENT AUTHORIZATION FORM
FACULTY AND STAFF**

I understand and will abide by the District's Computer, Network and Internet Use Policy. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked and disciplinary action and/or appropriate legal actions may be taken.

Name (please print): _____

User Signature: _____

Date: _____