



Student Access Release and Authorization

As a user of the Chester County Schools computer network, I hereby agree to comply with the Acceptable Use Policy (AUP) Agreement. Should I commit any violation, my access privileges may be revoked, and disciplinary action may be taken up to and including suspension/expulsion.

Student Signature _____

As the parent or legal guardian of the student signing above, I grant permission for him/her to access networked computer services such as electronic mail and the Internet, I understand that he/she is expected to use good judgment and follow rules and guidelines in making contact on the telecommunication networks (e.g. the Internet). Chester County Schools cannot be responsible for ideas and concepts that he/she may gain by his/her use of the Internet.

I understand and accept the conditions stated and agree to hold harmless, and release from liability, the school and school district.

Signature (Parent/Guardian) _____ Today's Date _____

Student Name _____ Grade _____

School Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____