DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932, authorizing DoD Directive 1342.20, "DoD Education Activity" (2007), authorizing DoD Education Activity Administrative Instruction 6600.1 (2010).

PRINCIPAL PURPOSE(S): The information on this form is used to authorize an individual student to use government-owned computer resources in accordance with, and subject to enforcement provisions of, DoD and DoDEA policies governing computer and Internet usage.

ROUTINE USE(S): Disclosure of germane information contained in this form within the Department of Defense is authorized upon a demonstrated "need to know" to perform an official duty. Routine disclosure of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at http://www.defenselink.mil/privacy/notices/osd/. Records are maintained at the school level in student records for the duration of the student's enrollment.

DISCLOSURE: Voluntary; however, no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use such equipment only in accordance with the DoDEA Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students.

1. STUDENT INFORMATION *(Please print or type)*

a. NAME *(Last, first, middle initial)*	b. PARENT/GUARDIAN NAME *(Print)*
c. SCHOOL	d. TEACHER NAME/GRADE/SIGNATURE

2. STUDENT AGREEMENT

I, *(print name)* _____ , have received instruction in the appropriate use of DoDEA information technology resources, and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.

a. STUDENT SIGNATURE	b. DATE *(YYYYMMDD)*

3. PARENT OR GUARDIAN *(If student is under the age of 18, a parent or guardian must also read and sign this agreement.)*

I, *(print name)* _____ , have read the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1). I understand that my child must abide by these Terms and Conditions. I understand that if my child violates these standards, he/she may lose all access privileges on the DoDEA network and may be subject to school disciplinary and/or appropriate legal actions. I understand that computer and network access is being provided for educational purposes.

a. PARENT OR GUARDIAN SIGNATURE	b. DATE *(YYYYMMDD)*