

Electronic Information System (Networks)

Individual User Access Informed Consent Form

for Parent and Student

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Lake Stevens School District, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from including, without limitation, the type of damage identified in the Lake Stevens School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's policy and procedures for electronic information systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Lake Stevens School District has the right to review, edit, or remove any materials installed, used, stored, or distributed on or through the network or the District's system and we hereby waive any right or privacy which my child or I may otherwise have into such material.

Signature of Student

Signature of Parent/Guardian
(required if user is under age 18)

Printed Name of Student

Printed Name of Parent/Guardian

Date Signed

Date Signed

Student ID #

Address – City/State/Zip

Student Birthdate

Phone Number

School / Campus

Student Grade Level

***Students over eighteen do not need a parent's signature.**