

Teacher (Personal) Wireless Device Request Form

Name of Teacher/Staff _____

School Building: _____

Device Make and Model: _____

Device Serial Number: _____

Device Wi-Fi MAC Address: _____

Please initial each disclaimer.

_____ I understand the Brandon Valley School District will not be held responsible for any theft, damage, loss of device, nor loss of data/apps that may occur on my personal wireless device.

_____ I understand that the Brandon Valley School District reserves the right to regularly review, monitor and audit access on all internet utilization. I further understand that I do not have a right to privacy when using the Brandon Valley School District's network.

_____ I understand that that my device may not work with with the Brandon Valley School District's wireless security policy, and technical support is not provided on personal devices.

_____ I understand and accept the Brandon Valley Acceptable Use Agreement (School Board Policy IIBG-R)

Teacher/Staff Signature: _____

Principal Signature: _____

Tech Staff Signature: _____

Date Approved: _____