
**Currituck County Schools
Acceptable Use of Technology Resources Employee Agreement**

Name _____

Position _____

School or Department _____

I have read the Currituck County Board of Education’s Technology Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, I may face disciplinary action in accordance with Currituck County Public Board of Education policies and state law. I agree that I have no expectation of privacy when using Currituck County Schools electronic resources.

I hereby release the Board of Education, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the Board of Education network, including, but not limited to claims that may arise from the unauthorized use of the network to purchase products or services.

Signature _____

Date _____