

Amsterdam School District 75
Student Authorization Form
2011-2012

Student's Name _____

Grade _____

I have read the Amsterdam School Information Technology Policy Agreement and I have discussed its terms with my child. I agree to allow my child to use the district technologies. I understand that my child's failure to abide by these procedures may result in the revocation of technology privileges and school disciplinary actions. I understand that access to the district's information technology network is designed for educational purposes and the district has taken precautions to prevent access to inappropriate information through the use of a firewall and filtering software. I accept full responsibility for supervision if and when my child's use is not in a school setting.

I also give permission for the following:

- YES NO Posting of my child's photograph in group or individual setting on our district website- no names will be posted with any photographs
- YES NO Posting of my child's work on the district website- with first name only
- YES NO Showing my child in a multi-media presentation for audiences outside of the school setting

Parent's Signature _____ Date _____