

BYOD USAGE PERMISSION FORM

This form defines the terms of District sanctioned usage of personally-owned and individually-issued computing devices and/or peripheral equipment. The terms of this sanctioned usage are permissible as defined and permitted through the processes and criteria contained in the *Technology Acceptable Usage* policy. This sanctioned usage can be withdrawn at any time as defined and permitted through the processes and criteria contained in those documents.

By signing below, I verify that I have reviewed, understand, and agree with the information stated in the *Technology Acceptable Usage* policy. I have reviewed, understand, and agree with the terms of liability and indemnification regarding personally-owned and individually-issued computing devices and/or peripheral equipment as defined in the *Technology Acceptable Usage* policy.

Manufacturer_____ Model name/number_____

Serial number_____

MAC Address_____

(For instructions on obtaining your device's MAC address, visit www.hdsb.org. Click on "departments," then "technology.")

School name (print)

Student or employee name (print)

Parent/guardian of student or employee (signature)

***** **School use only** *****

Principal or district department administrator (signature)

Date of sanctioned usage issuance

Date of withdrawal of sanctioned usage