

# **Waiver for Personal Electronic Property Form**

(Applies to employees, students or visitors who wish to use personal electronic equipment at school or district offices)

This is an agreement, applicable to students, staff and visitors, to be responsible and accountable users of any personal electronic property they wish to bring onto School or District premises.

I wish to petition the St. Johns County School District Administration to be allowed to bring the specified portable computer or small form factor device, also know as a Personal Digital Assistant, to the District Office or School requested below. I understand that this device is my personal property and not the property of the School or District. As such, I understand that SJCS D can assume no responsibility for this device and will be held blameless in the event of damage or loss. I understand that responsibility for the care of the device AND my behavior while using this device belongs solely to me.

As a user of the St. Johns County School District computer network, I agree to comply with the AUP requirements regarding additional requirements for visitors/students/staff requesting a waiver for Personal Electronic Property, in addition to the AUP requirements for network use.

## ***Employee, Student or External User (Visitor) (Applies to all waivers)***

User Name (please print): \_\_\_\_\_

Requested Device(s): \_\_\_\_\_

School/Department or Visitor Affiliation: \_\_\_\_\_ (i.e., SAHS, IT Dept., Parent, Newspaper)

User Signature: \_\_\_\_\_ (Not required for students) Date \_\_\_\_\_

## ***Parent/Guardian Permission (Required for students to operate personally owned technology devices in school or on school property)***

As the parent or guardian of this student, I have read, understand, and agree to the school district procedures relating to acceptable use of personal electronic property. I hereby give permission for my child to use the specified electronic device on the St. Johns County School District Digital Network using the aforementioned procedures and certify that the information contained on this form is correct.

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## ***Administrator's Approval (School or District Department Designee) (Applies to all waivers)***

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network.

Administrator's Name (please print): \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date \_\_\_\_\_