

**ACKNOWLEDGMENT
ELECTRONIC INFORMATION ACCESS AND USE**

***Employee, Student Teacher, Intern, and
Prestudent Teacher Form***

I, _____, hereby apply for access to the Bloomfield Hills Public Schools network services. I confirm that I have read and understand the Electronic Information Access and Use Regulation and agree to be responsible for and abide by the terms of this agreement. I understand that should I commit any violation, my privileges may be revoked and that school disciplinary or legal action may be taken.

Printed Name:	
Signature:	Date:

Bloomfield Hills SCAMP Program