

ACKNOWLEDGMENT OF SCCC/ATS's NETWORK COMPUTING USE POLICY

I acknowledge that I have received the Seward County Community College/Area Technical School's Network Computing Use Policy. I understand it is my responsibility to understand and abide by said policy.

I further understand that any violation of this Policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action and/or appropriate legal action may be taken.

Print Preferred Name: _____

Date of Birth: _____ Department: _____
MM/DD/YYYY

Title: _____

Home/Cell Phone No: _____ Campus Phone No: _____

First Time Login Password: **SCCC@800XXXXXX** (X's = the remaining 6 digits of your SCCC/ATS ID number)

Employee's Signature *Date*

HR Use Only

Banner ID No:

SUPERVISOR'S AUTHORIZATION for employee access to forms and reports.

List Reports (if more room required list on back):	List Forms (if more room required list on back):

Supervisor's Signature *Date*

IT use only:

Banner	
E-Mail	
Novell	