

Student Acceptable Use Policy (AUP) Agreement By signing below I, as a student of Liberty Union Thurston Local School District, hereinafter referred to as LUTAS, acknowledge that I have read, understand, and agree to the LUTSD's technology policies, rules, and guidelines as stated in the LUTSD Acceptable Use Policy. I understand that if any of the policies, rules, or guidelines are violated, appropriate disciplinary action will be taken. This may include, but is not limited to, suspension of computer privileges, School Provided Email, and/or network accounts being locked, and other disciplinary action deemed appropriate by LUTSD Administration.

*This agreement supersedes any previous computer use policies.

Student Printed Name

Parent/Guardian Printed Name

Student Signature

Parent/Guardian Signature

Date: _____ / _____ / _____