



UNION
COLLEGE

Information Technology Services
Union College
Schenectady, NY 12308

Acceptable Use Policy Agreement

Union College Employee

To be issued an account and email address to access Union College computers and network, please sign and return this top sheet to ITS as soon as possible.

Last Name (Please Print Legibly)

□ □ □ □ □ □ □ □ □ □ □ □ □

First Name

Middle Initial

□ □ □ □ □ □ □ □ □ □

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Your Department _____

Your Position _____

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE ATTACHED ACCEPTABLE USE POLICY *dated 6-9-2006* IN ITS ENTIRETY AND THAT YOU AGREE TO ADHERE TO THE POLICIES CONTAINED WITHIN.

Signature

Date