

# POLICY ACKNOWLEDGEMENT

## Policy Acknowledgement Form

User Name: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

I understand that being granted access to computer systems and City information carries a great deal of responsibility. I recognize that I am being granted this access with the understanding that I will use the network resources and City information in a responsible manner. I realize that specific guidelines and expectations of me are detailed in the appropriate policies.

Initial below to indicate which policies you have received, read, understand, and to which you agree:

_____	Acceptable Use	_____	Data Classification
_____	Password	_____	Confidential Data
_____	Remote Access	_____	Mobile Device
_____	Retention		
_____	Other (list: _____)		

I UNDERSTAND THAT WHILE THE CITY INTENDS TO PROVIDE A SAFE AND POSITIVE EXPERIENCE WHEN USING CITY SYSTEMS AND THE INTERNET, THE CITY MAKES NO WARRANTIES AS TO THE CONTENT OF THE NETWORK AND THE INTERNET.

I AM RESPONSIBLE FOR MY OWN ACTIONS AND WILL RELEASE THE CITY FROM ANY LIABILITY RELATING TO MY NETWORK USAGE. I AGREE TO USE THE NETWORK AND SYSTEMS IN AN APPROPRIATE MANNER AS SPECIFIED IN THE APPLICABLE POLICIES. I UNDERSTAND THAT MY USE OF THE NETWORK AND SYSTEMS MAY BE MONITORED AT ANY TIME AND I SHOULD HAVE NO EXPECTATION OF PRIVACY IN CONNECTION WITH THIS USE.

I UNDERSTAND THAT FAILURE TO USE THE NETWORK IN A RESPONSIBLE MANNER MAY RESULT IN LOSS OF NETWORK PRIVILEGES, SUSPENSION OR TERMINATION. I UNDERSTAND THAT IF ILLEGAL ACTIVITY IS SUSPECTED, THE CITY WILL REPORT THE ACTIVITY TO THE APPLICABLE AUTHORITIES.

User Name (Print): \_\_\_\_\_

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_