

TARC NON-EMPLOYEE NETWORK ACCESS/EMAIL AGREEMENT

GCS Department/School: _____

Print Department Head/Principal Name and Title: _____

Department Head/Principal Signature: _____

Phone Number _____ Date: ____ / ____ / ____

Begin of Contract: ____ / ____ / ____ End of Contract: ____ / ____ / ____

(Beginning/Ending dates access/email account will be active. A review of accounts occurs on July 1 of each calendar year. Please note that Department Head requesting this access is responsible for contacting the Help Desk when the user is no longer working with GCS in the capacity listed above).

What access is needed (i.e. email, AS/400, etc.): _____

Please Explain Reason for Request: _____

 **To Be Filled Out by Non-Employee Needing Access:**

I have read and understand the Guilford County Schools' "Acceptable Use of Technology" policies EFE and EFE-P located at:
<http://www.gcsnc.com/policies/administrative.htm>.

I understand that I am being given Guilford County School's network access and/or an email account by agreeing to abide explicitly by the above policies. I understand that this access/account will be valid only for the time that I am working with Guilford County Schools. I understand that this access/account will be disabled when I am no longer working with Guilford County Schools or if I fail to abide by the above policies.

First Name: _____ MI: _____ Last Name: _____

Last 4 digits of SS# - _____ Signature: _____

Company/Agency/Independent Contractor: _____

Substitute Teacher Other _____

When completed, you may send this request to:

**GCS Technology Center – Prescott Street
Attn: Help Desk
Fax: 336-370-8011**

The Department Head will be contacted directly if more information is needed or the request cannot be honored.

FOR OFFICE USE ONLY

Reviewed by: _____	Date: July 1, _____	July 1, _____
	July 1, _____	July 1, _____