## **Billings Public Schools**

Technology Department 415 North 30<sup>th</sup> Street Billings MT 59101-1298 (406) 281-5050 www.billingsschools.org



## Personal Technology Use Agreement

I,	nputer on the district network.	_ am requesting permission to use my
personal cor	nputer on the district network.	
I understand	and agree to the following:	
	District technology personnel will not be able to assist me with the computer.	
	I will keep updated anti-virus software on my Windows based computer with current virus definitions.	
	I may not have access to all district services.	
	I will not install district software on my computer unless specifically allowed by license.	
	I will renew this approval once per year.	
I have a:		
Macintosh _	PC	
Desktop	Laptop	
Serial Numb	oer:	
Operating S	ystem:	
Signature: _		Date:
Approved B	by: Director of Technology	Date:
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