

Bond County CUSD #2

Email Account Application

When requesting an account through the district, this form must be filled out in full.

Please read the attached "Acceptable Use Policy" and sign the Declaration of Understanding & Adherence at the bottom of this page. **Please return the signature box at the bottom of the separate Acceptable Use Policy to your school office.** Returning the form does not guarantee that an account will be created. Please print in block letters to ensure correct spelling of username and email address. **Please return this completed form to mfile@bccu2.org**

Your email address will be: first initial last name @bccu2.org

User Information:

First Name:	MI:	Last Name:
School(s)		Position:
Personal Email Address to send Username & Password after setup:		

I certify that the information included above is accurate

X

Applicant's Signature

X

Administrator's Signature

Date:

Administrator's Name/Title

Bond County CUSD #2 Acceptable Use Policy/Declaration of Understanding & Adherence

I, the undersigned have read the District's Acceptable Use Policy, understand it, and agree to adhere to the policies and procedures detailed within. I acknowledge that signing the policy does not ensure assignment of a computer account. Should I breach the guidelines, I understand that I may lose all privileges on the Bond County CUSD #2 computer system.

X

Applicant's Signature

Date

Bond County CUSD #2

Printed Name

Organization