



## E-MAIL SETUP REQUEST

This form is to be used by student teachers, interns, SRO's and any other contracted employee not paid through the district's Business Plus system.

**PLEASE READ CAREFULLY & PRINT**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

School/Location: \_\_\_\_\_

Building/Location Phone Number: \_\_\_\_\_

E-Mail Password: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(5 or more characters)

Supervisor: \_\_\_\_\_ Date position ends (if applicable): \_\_\_\_\_

Personnel will forward this form to the Information Systems Department for entry into the network and master e-mail system. Your login will be last name.first name and the password you requested above. Remember that your password once entered, is no longer visible to anyone and you can change it at any time from any district computer.

**\*\*Name changes need to be handled through the Human Resources Department.**

**Office Use Only: Do not write below this line.**

E-Mail ID: \_\_\_\_\_

- E-Mail setup entered
- Helpdesk Login Entered



**West Ada School District**  
**1303 E. Central Dr.**  
**Meridian, Idaho 83642**  
**(208) 855-4500**

**E-MAIL, NETWORK, COMPUTERS, and ELECTRONIC COMMUNICATIONS ACKNOWLEDGEMENT FORM**

**PLEASE USE BLACK INK ONLY. UPPER CASE LETTERS ARE REQUIRED IN TEXT BOXES.**

FIRST NAME	MI	SOCIAL SECURITY
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		
<input type="text"/>		

As an employee of West Ada School District\*\*, I, \_\_\_\_\_, recognize and understand that the District's e-mail/communication/network systems are to be used for conducting District business. I understand that use of this equipment for private purposes shall be kept to a minimum and shall conform to Federal, State, and District policy. Further, I agree not to use a password that has not been disclosed to the District. I agree not to access a file or retrieve any stored communication except where authorized or where there has been prior clearance by an authorized District representative.

I am aware that the District reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the District's e-mail systems at any time, with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a District-provided password or code does not restrict the District's right to access electronic communications. I am aware that violations of this policy shall subject me to disciplinary action, up to and including discharge from employment.

I certify that I have read and understand the District's policy 1001.30 regarding networks, computers, and electronic systems located in the District.

I certify that I have read and understand the District's policy 1001.40 regarding email and electronic communication located in the District.

I certify that I have read and understand this notice.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\*\* Including Student Teachers and contracted personnel