

# Lake Geauga Computer Association

## School District Personnel ONLY Internet Access/EMAIL Authorization Form

Employee Name: \_\_\_\_\_  
(please type)

Position: \_\_\_\_\_

School District: \_\_\_\_\_

Password: \_\_\_\_\_

\* Must be 6 characters or greater

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I have read the LGCA Computer Network/Internet User Policy and Agreement and agree to abide by the document.

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

District Authorization \_\_\_\_\_ Date: \_\_\_\_\_

Used by LGCA/District Authorized Personnel Only.

**EMAIL Account:**

**Date Assigned:** \_\_\_\_\_ **Date Terminated:** \_\_\_\_\_