



**INFORMATION AND COMMUNICATION TECHNOLOGY  
AUTHORIZATION FORM - GRADES 5-12 STUDENTS**

As a user of Mountain View School Division’s ICT, I hereby agree to comply with the Acceptable Use Procedure (AUP) Agreement. Should I commit any violation, my access privileges may be revoked, and disciplinary action may be taken.

Student’s Name: \_\_\_\_\_  
(Print)

Student’s Signature: \_\_\_\_\_

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

Parent or Legal Guardian’s Name: \_\_\_\_\_  
(Print)

Parent or Legal Guardian’s Signature: \_\_\_\_\_  
**(If student is under 18 years of age)**

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

The authorization will remain in effect until terminated with a written notice by the school or the parent.