

**POCONO MOUNTAIN SCHOOL DISTRICT
P.O. Box 200
Swiftwater, PA 18370**

CIS ACKNOWLEDGMENT AND CONSENT FORM

Guests

As a guest of the school district, I have received, read, and understand the Acceptable Use of the Computers, Network, Internet, Electronic Communications, and Information policy. If I have any further questions I will ask _____.
I agree to abide by the rules of the policy.

Name of Guest

Signature of Guest

Date of Signature