



# BALTIMORE COUNTY PUBLIC SCHOOLS ELECTRONIC MAIL APPLICATION FORM

For Office Use Only:  New Account Number
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Please complete this form, make a copy for your records, and return the **original** to the Department of Information Technology via interoffice mail, or mail to the Department of Information Technology, Attn. Postmaster, 600 Stemmers Run Road, Essex, MD 21221. Once your account has been activated, you will receive your account information via interoffice mail.

## ELECTRONIC MAIL AGREEMENT

**PLEASE USE AN INK PEN AND PRINT LEGIBLY. INCOMPLETE, UNREADABLE, OR FAXED FORMS WILL NOT BE ACCEPTED.**

_____ Name (Last, First, Middle Initial)	_____ Last 4 Digits of SSN
_____ Position	_____ Office/School Phone
_____ Office/School	_____ Extension

**DIRECTIONS:** Please read this form carefully, initial each term and condition, and sign where indicated. By initialing each of the terms and conditions you agree to adhere to Board Policy and Superintendent’s Rule 4104, Technology Acceptable Use Policy (TAUP) for Employees and Approved Non-Employee and you acknowledge your understanding of your obligations and responsibilities for using a Baltimore County Public School (BCPS) Electronic Mail (“E-mail”) Account.

\_\_\_\_\_  
INITIAL I have received and read the Board Policy and Superintendent’s Rule 4104, *Technology Acceptable Use Policy (TAUP) for Employees and Approved Non-Employees*. I agree to adhere to all Board policies, Superintendent’s rules, and school system procedures while using BCPS technology and have signed the Technology Acceptable Use Agreement for Employees and Approved Non-Employees (Rule 4104, Form A).

\_\_\_\_\_  
INITIAL I understand that my BCPS E-mail account is to be used to conduct business for BCPS for legitimate educational, administrative, or business purposes related to the operation of BCPS. I will not use my BCPS E-mail account for general personal use, personal gain or profit, lobbying, commercial, or illegal activity. I understand that privacy of my communications, data, and files on BCPS systems is neither expressed nor implied and that BCPS may monitor, audit, and review data, files, and communications at any time and without notice.

\_\_\_\_\_  
INITIAL I will not use my BCPS E-mail account to access, upload, download, distribute, or communicate pornographic or sexually-explicit images, language, or the files which generate such images or language.

\_\_\_\_\_  
INITIAL I will not use my BCPS E-mail account to create or communicate abusive, harassing, bullying, libelous, obscene, offensive, profane, threatening, discriminatory, or illegal communications.

\_\_\_\_\_  
INITIAL I understand that I am responsible for any activity originating from my E-mail account. I will not share my username or password with others. If I lose/forget my password, I will contact the BCPS Department of Information Technology Help Desk at 443-809-4672.

\_\_\_\_\_  
INITIAL I understand that policies, rules, and procedures governing BCPS E-mail accounts are subject to revision at any time. Account holders will be notified of any changes via the BCPS Web site or other appropriate means, and I will be required to adhere to those policies, rules, and procedures as amended.

\_\_\_\_\_  
INITIAL I will inform the Department of Information Technology immediately of any changes to my legal name, employment status, work location, and/or position by submitting an updated Electronic Mail Change Form (Rule 4104, Form D).

**I certify that I have read and understand the above Agreement, and that I accept and will be bound by its terms and conditions.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal/Office Head \_\_\_\_\_ Date: \_\_\_\_\_