As a member of The University of Oklahoma (OU) community, and for the good and valuable consideration of reinstating my University network access, the sufficiency of which is hereby acknowledged, I agree to and understand the following:

That access to the University computer faculties is a privilege, and that it may be revoked at any time without notice at the sole discretion of the President, Regents, CIO (Chief Information Officer), Department Director, IT (Information Technology) Security or other authorized representatives, and;

That I agree to abide by the policies and procedures of the University, and state, federal and local laws with respect to computer use, and other applicable laws, and;

That it is my responsibility to keep myself fully aware of these policies and I agree to seek clarifications from the appropriate authorities in case of doubt or ambiguity, and;

That the University policies may be modified from time to time, and that all such amendments will apply to my use of University computer resources, and;

That the University considers any violation of these policies to be a serious offense and reserves the right to copy, monitor, and/or examine any files or information residing on University systems, networks, or computing resources related to the alleged unacceptable use and to protect its systems and networks from events or behaviors that threaten or degrade operations.

Finally, by signing below, I understand that failure to abide by the terms of this agreement could result in disciplinary action including, but not limited to, those outlined in the Student Code, Staff Handbook, Faculty Handbook and applicable laws.

____________________________________  ____________________________________
Name (please print)      OU ID number (not the Employee ID)

____________________________________  ____________________________________
Signature    Date   Security Incident Number

Faculty/Staff need to complete the following section:

Check One:  [ ] Faculty  [ ] Staff

____________________________________  ____________________________________
Department (please print)     Supervisor (please print)

____________________________________  ____________________________________
Witness Name (please print)     Witness Signature