DATA GOVERNANCE AND SECURITY

NEW EMPLOYEE TECHNOLOGY INFORMATION

Please PRINT

Legal First Name: _____ Middle Initial: ____ Legal Last Name: _____

Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: _____ Current Email Address: _____

Emergency Contact Information (Name and Number):_____

Grade/Subject/Position: _____School:_____

Would you like for Conecuh County Schools to request a transfer of your PowerSchool PD professional development records? __If yes, in which school system were you employed?
_____

I have received and am knowledgeable of the content in the revised Technology Acceptable Use Agreement adopted by the Conecuh County Board of Education in July 17, 2014 and completed the online training for the Data and Information Governance and Use Policy.

Name: _____ Date: _____

Accounts are disabled on the last day of active employment or when on leave for more than 6 months.