INFORMATION TECHNOLOGY POLICY
Consent Form

Name: _____ Date Reviewed: _____

Emp. ID#: _____ Work Location: _____

Shift: _____ Title: _____ Supervisor: _____

Work Address: _____

Work Phone number: _____

1.7.3 Data Quality	Date reviewed: _____
1.7.6 Unlawful Use of Computers	Date reviewed: _____
1.7.7 Computer Security	Date reviewed: _____
1.79 Acceptable Use of IT Resources	Date reviewed:

Policies are accessible via the Department Web Site: http://cor.mt.gov/Policy

or the Department Intranet Site: http://cor.mine.mt.gov/

All State employees or contractors with the state who have access to the Internet, Intranet, e-mail, or other online services, will sign this consent form indicating that they have knowledge of the state's and the department's policies in regards to the use of state computing resources. Privacy in using the state's computer systems is not guaranteed. Therefore, employees should not have any expectations of privacy when using the Internet, Intranet, e-mail, or other computer services.

I _____ have read the above-referenced Department IT Policies and agree to comply with all terms and conditions. If I have need of clarification on any topic contained within, I understand that I can go to the governing policy listed for clarification. I agree that all network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana.

I understand that the State reserves the right to monitor and log all network activity including Internet, Intranet, e-mail or other online services, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

_____ _____

Employee signature Date Supervisor Signature Date

After your supervisor approves this please SCAN and email to corhelp@mt.gov

or

FAX to (406) 444-4920.