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DEPARTMENT OF CORRECTIONS

Leading Nevada Corrections Into the Future

P.O. Box 7011
Carson City, NV 89701
(775) 887-3216
Fax: (775) 887-3381

**Computer Acceptable Use Policy
Acknowledgment Form**

Legal (Personnel) First Name: _____

Preferred First Name (if different from legal name): _____

Middle Name or Initial: _____

Legal (Personnel) Last Name: _____

Suffix (Jr., Sr., III, etc.): _____

Employee ID Number: _____

Budget Code: _____

Position Number: _____

Position Title: _____

Location/Institution: _____

Division: _____

Building (if applicable): _____

Room # (if applicable): _____

Contact Telephone (include extension, if applicable): _____

I have read and understood, and agree to abide by Nevada Department of Corrections (NDOC) Administrative Regulations 140, 141, 142 and 143 with regards to computer usage. I understand and agree that my access to NDOC related computer resources is contingent upon receipt of this signed form by NDOC Personnel, and such usage may be revoked at any time upon violation of the referenced regulations. I also acknowledge that failure to comply with the administrative regulations may result in formal investigation by the IG and/or disciplinary action.

Signature: _____ Date: _____

Received by Personnel: