

**Acceptable Use Guidelines for Reimbursement for Use of Personal Cell Phone  
Form**

I agree to the following (by checking each agreement box and signing below):

- I agree to set a lock screen password.
- I agree that I am solely responsible for backing up my personal data in the event a wipe is necessary and that I will not hold Edina Public Schools or its staff responsible for recovering any lost data that is not stored within the district email or collaboration services.
- I am aware that, upon leaving the District, I must remove all district owned content from the device.
- I understand that Edina Public Schools and its staff are not responsible for supporting my personal information on the device, but will make a best effort to help.

I agree that this capability of using my personal device is a privilege. While undertaking district business, I am obligated to adhere to district policies governing acceptable use, data practices and privacy.

Please return this completed form (All signatures are required.) to the finance department. This form is required to be on file at the district office for audit compliance.

Name:

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Cell Number:

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Service:

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Signed:

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Employee Signature

Date

Signed:

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Principal/Supervisor Signature

Date

Account Code:

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