



Acknowledgement for Use of Laptops and Internet by Post-Secondary Education Partners inside DOC Facilities

I acknowledge that I have read, understand, and will comply with the expectations established below. I understand that I may be subject to the loss of access to laptop and Internet within Minnesota state correctional facilities should I violate this agreement.

Conditions of Use: Use of laptops and Internet is a privilege constituting the acceptance of responsibilities and obligations that are subject to state government policies and federal, state, and local laws.

Partner use of laptops and Internet use is strictly limited to business needs.

Partner use of electronic communications must be legal, ethical, and respectful of intellectual property, ownership of data, systems security mechanisms, and individual rights to privacy and freedom from intimidation, harassment, and annoyance.

Consent and No Expectation of Privacy: I understand and agree that I have no expectation of privacy in state information technology (IT) resources, or in the use of state IT resources, even when the use is for personal purposes. I understand and agree that the state maintains the right to conduct monitoring activities with respect to personal use of state IT resources to the same extent that it has the right to conduct monitoring activities with respect to use for state purposes, and personal use is subject to access/disclosure and use as described above for state purposes.

I understand and agree to use good judgment when using electronic communications and laptop computers within the secured perimeter. All messages and content conveyed must be appropriate, including type of message and tone. Camera features on laptop computers **must not** be used inside the secure perimeter. Incarcerated individuals must not access or use laptop computers. Laptop computers must be monitored at all times and locked if not actively in use.

I understand and agree that I must comply with all agency and Minnesota IT Services (MNIT) requirements with respect to any state IT resources that I use.

I understand that if I violate this agreement, I may no longer be allowed to access my laptop or Internet inside DOC facilities. Depending on the severity of the violation, additional action consistent with state policies may be taken.

Name (printed): _____

Asset ID: _____

Signature: _____

Agency: _____

Position Title: _____

Date: _____