



This form must be signed by each NESCom student. Any accounts not subject to this agreement will be deleted.

I have read the "NESCom Computer Use Policy and Instructions" and I agree to abide by it. I understand that not doing so may result in administrative or other actions, including disciplinary or legal actions.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_