



## NUECES COUNTY TECHNOLOGY POLICIES

### Authorization and Consent Form

**Department Head/Elected Official:**

**New** Employee **MUST** complete this form to have a workstation or accounts created.

**Nueces County Employee Number** \_\_\_\_\_

*Number as assigned by Nueces County HR, NOT a department issued employee number (i.e. as badge or radio callsign).  
Access CANNOT be completed without this number.*

I hereby acknowledge receipt of the Nueces County Technology Policies listed below:

- \_\_\_ Acceptable Use Policy
- \_\_\_ Email Acceptable Use Policy
- \_\_\_ End-User Devices Acceptable Use Policy
- \_\_\_ Internet Acceptable Use Policy
- \_\_\_ Password and Authentication Policy
- \_\_\_ Social Media Acceptable Use Policy

I have read and understand these policies. I agree to abide by all the rules and guidelines set forth in the Nueces County Technology Policies.

I understand that if I violate any of these policies I may be subject to disciplinary action up to termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_