

NORTHEAST COMMUNITY SCHOOL DISTRICT

Bona Fide Research/Other Lawful Purpose Form for Disabling Internet Filtering Software

Name: _____

Position: _____

Start Date: _____

End Date: _____

Date submitted: _____

Reason that requires full access to the internet with no filters: _____

Academic value of material being sought: _____

Reviewed by: _____

Date reviewed: _____

Action taken: _____

I, _____, accept the responsibility of full access to the internet for bona fide research or other lawful purposes. I understand that I am the only one authorized for full access and will not allow others to use this access for any reason. Once I am completed with this research, I will notify the administration so the filters can be reenabled.

SIGNATURE: _____