MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
INTERNET CONTENT FILTERING - AUTHORIZED "OVERRIDE" OPTION FORM

In accordance with The Children's Internet Protection Act, authorization may be granted by the designated school official(s) to disable blocking or filtering measures on District computers to enable access by adults engaged in bona fide research or other lawful purposes. The power to disable can only be exercised by an administrator, supervisor, or other person authorized by the District. There may be special projects/research done on the Internet where, for a limited period of time, filtering needs to be "turned off" to allow access to particular websites. The capability of setting the time period to be "unfiltered," as well as the changing of the password, will reside with the person authorized to possess this user ID.

Only the designated authorized person will have the use of the user ID and password and will not share this information with the staff. Please provide the information below to the authorized designated person for approved "override" (i.e., disabling of technology protection measures). This form must be completed and submitted at least five (5) school days in advance.

AUTHORIZED OVERRIDE CAPABILITY WILL BE PROVIDED IN ACCORDANCE WITH THE PROVISIONS OF THE SCHOOL DISTRICT'S INTERNET CONTENT FILTERING/SAFETY POLICY.

Please fill out the form below to request the authorized override option.

Staff Member's Name: __________________________________________

Date of Application: __________________________________________

Date(s)/Times/Location of Override: ________________________________

________________________________________________________________

Purpose for Override Request (be specific): __________________________

________________________________________________________________

Staff Person's Signature: _________________________________________

Staff Person's Internet Address: __________________________________

Title of Authorized Staff Member __________________________________

Signature of Authorized Staff Member: ______________________________