



Internet Filtering Authorized Override Form

_____, an employee of the
_____ school district, requests an
Authorization Override username and password. This override will allow unfiltered
access to the Internet. Once the override is activated, it will be available until the
override window is closed.

Upon activation of the Internet Filtering Authorization Override, the Superintendent and
the employee will be notified via e-mail. A log of sites visited during the override
activation period will be sent to each individual.

Employee Signature: _____ Date: _____

Employee e-mail address: _____

Superintendent Signature: _____ Date: _____

Superintendent e-mail address: _____

FYI

NOECA recommends district maintains a copy of all completed forms.

Please fax to:
(419) 627-5608