**Web Filter Waiver Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Date:** |  Click or tap to enter a date. |  **Phone (ext):** |   |
|  **Requester:** |   |  **Title** |   |
|  **Email:** |   |

**[ ]  FULL ACCESS (Minus Adult Content)** **[ ]  Adult Content**

**I herby request a web waiver for the following business reason:**

*(Describe in detail what job duties require you to have a web waiver)*



Signing this form acknowledges your agreement to only use internet resources for job specific duties and to adhere to Department and State of Alaska policies: DOC PnP 202.01 Code of Ethical and Professional Conduct, PnP 202.15 Standard of Conduct, ISP-166 Web Filtering & ISP-172 Business Use / Acceptable Use (<https://doc.alaska.gov/commissioner/policies-procedures> & <https://intranet.state.ak.us/admin/SecurityPolicies/>).

I understand my use of internet resources are monitored and tracked for inappropriate use.

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**Requester Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director or Designee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commissioner or Designee Signature Date**

**Send completed form to:** **doc.networkhelp@alaska.gov**