**BYOD Approval Form**

The employee agrees to follow the UWG Acceptable Use of Computers and Networks and the BYOD Policy and the associated procedure(s). A current copy of the policy can be found online at <http://policy.westga.edu> and http://www.westga.edu/its/570\_1546.php

|  |  |
| --- | --- |
| Employee Name: | Department: |
| Email address: | Phone number: |
| Date: |  |
| Approving Official Name: | |

**Approval Signatures**

|  |
| --- |
| Employee Signature and Date |
| Approving Official Signature and Date |

**Confirmation of Data Removal**

|  |
| --- |
| Employee Signature and Date |
| Approving Official Signature and Date |