**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.

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

**Requester Signature Date**

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

**Director or Designee Signature Date**

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

**Commissioner or Designee Signature Date**

**Send completed form to:** [**doc.networkhelp@alaska.gov**](mailto:doc.networkhelp@alaska.gov)