

Copy Machine Access Code Agreement

I, _____ take full responsibility of the student code issued to me for use of the copiers at American College of Nursing. I understand that the use of the copier is a privilege given to me for printing materials related to my learning. I have an option to cease this access anytime by signing a termination agreement for access of the copy machine and inactivation of my access code. I am aware that all charges will be billed to my account quarterly.

CHARGE FEES

Black and White Prints/Copies - \$0.10

Color Copies - \$0.50

I take full responsibility for the code given to me to use the copiers at American College of Nursing. Please assign Access Code (must be 4 digits): _____

Name: _____ Signature: _____

Date: _____

I DO NOT accept and agree to the terms of using the copier/printer.

Name: _____ Signature: _____

Date: _____

*** Always remember to protect and log off your access code. American College of Nursing is not responsible for any discrepancies that the code will be charged.**