

**Office 365 ProPlus Request Form**  
(Word, Excel, PowerPoint, Access, Publisher, etc.)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Term of Use:**

*I agree that I will install this Office 365 ProPlus application on up to five computer machines that I personally own. My privilege to use the software will end once I've graduated from Sabine Pass School District or I am no longer enrolled in the District.*

*I understand the access to use Office 365 ProPlus application is considered a privilege not a right and is in accord to the discretion of the District. The District maintains the right to withdraw the access and use of the application when there is a reason that violates the law or the District Policy.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Acknowledgement:**

*As a parent or guardian of this student, I have acknowledged the term of use and allow this student to install the requested software on our home computers and devices.*

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Username: \_\_\_\_\_@sabinepassisd.onmicrosoft.com

Temporary Password: \_\_\_\_\_