

## Statement of Understanding – Inmate Tablet Agreement

My signature below certifies that:

I have received information regarding inmate wireless devices (tablets) and agree to abide by the policy and procedure regarding tablet use set forth by the Oklahoma Department of Corrections and as outlined in this procedure and other procedures associated with the use of the tablet.

I understand that tablet use is a **privilege** and not a right. Therefore, I know that I can have my tablet privileges suspended or revoked due to failure to abide by the policy and procedure, security concerns, misuse of any tablet, or intentional damage or destruction of a tablet. I also know that I can be subject to restitution for the repair or replacement of any tablet if I am found guilty of damaging or destroying any tablet.

I understand that I **must** maintain the security of my Personal Identification Number (PIN) and my log on information. I also understand that any time I am not using my assigned tablet I am responsible for logging off the device. I do not have the authority to allow any other inmate to use or take possession of my assigned tablet. Any fees or costs associated with applications, communication services, entertainment services (movies and games) or any other special programming that may be added to the tablet or used on the tablet assigned to me, or using my PIN is **MY** responsibility. ODOC **will not** investigate claims for fees/costs associated with my user log on. In addition, I understand that fees and costs are set by the tablet provider and **are not** the responsibility of ODOC.

I understand that the use of the tablet requires headphones, and that one set will be provided upon acknowledgment of this agreement. In the event of alteration, loss or damage to the issued headphones, additional headphones will be available for me to purchase through canteen services.

Inmate Name and ODOC #: (PRINT)

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Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: (PRINT)

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Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Inmate Field File (OMS)