



Teacher Verification Document

TEACHER NAME: _____

TITLE: _____

GRADE/CLASS: _____

SCHOOL: _____

DISTRICT: _____

SCHOOL YEAR: _____

I verify that I have...

- Understood and embraced the district-wide Internet Safety Policy and the education requirements related to CIPA.
- Educated my students according to CIPA requirements.

Thereby certify that the above actions have been carried out during the 20__ – 20__ school year.

SIGNATURE: _____ DATE: _____

Teacher, please sign and turn in this
Teacher Verification Document and return
to your school administrator.

