



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.

I hereby 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 any other pertinent paperwork required by your district.