Teacher: Please sign and turn in this Teacher Verification Document and any other relevant paperwork required by your school or district.

Teacher name
__________________________________________________________

Email address
__________________________________________________________

Title
__________________________________________________________

School
__________________________________________________________

District
__________________________________________________________

I verify that I have:

☐ Understood and embraced the school and/or district's internet safety policy and the education requirements related to the Children's Internet Protection Act (CIPA).

☐ Educated my students according to CIPA requirements.

☐ Completed these actions during the 20__–20__ school year.

Signature ___________________________ Date ___________________________