

Digital Citizenship for CIPA and E-Rate

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 _____