

Teacher Verification Document

E-RATE TOOLKIT

TEACHER NAME: Michael Lowell
TITLE: Computer / Technology Teacher
GRADE/CLASS: 5th - 12th
SCHOOL: Harmony Hill School
DISTRICT: Glocester
SCHOOL YEAR: 2016 - 2017

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 2016 - 2017 school year.

SIGNATURE: Michael Lowell DATE: 2/27/17

Teacher, please sign and turn in this Teacher Verification Document and any other pertinent paperwork required by your district.