



CPSB School/Department Employee Acceptable Use Policy (AUP) Verification

School/Department Name: _____

I certify that all employees under my supervision have signed the current CPSB AUP form. The AUPs are on file in the school/department office.

Principal/Department Head Signature:

Date: _____

Please fax this form to:

Technology Department: 337-217-4101 by September 6, 2024

Building Foundations for the Future

Technology Offices 1724 Kirkman Street Lake Charles, LA 70601 Phone 337.217.4100 Fax 337.217.4001