



## **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 5, 2025.**

*Building Foundations for the Future*

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