

ELECTRONIC SIGNATURE VERIFICATION STATEMENT

This Electronic Signature Verification Statement is intended to document a physical copy of my signature as part of the documentation required for the provision of school-based health services. I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct.

I have read and understand the statements, above, and I agree that I will comply with these statements.

Signature

Date

Name (Printed)