

VERIFICATION FORM

Policy - Electronic Communication and Technology

PLEASE PRINT		
(Last Name)	(First Name)	(Middle Initial)
(Name of Diocesan Parish, School, or Service Institution)		
	VERIFICATION STATEMENT	
As with other diocesan policies, violations of this policy may be considered in performance evaluations and may result in disciplinary action, up to and including termination.		
policy at any time	ort Wayne-South Bend reserves the right to suspeand shall not be liable, under any circumstances claimed or incurred due to any of your online act	s, for any errors, omissions,
,	e read and understand this policy. I agree to abid the Diocese of Fort Wayne-South Bend may ame t notice.	
(Signature)	(Date)	

RETURN THIS SIGNED FORM TO YOUR EMPLOYER/SUPERVISOR