



CHILD PROTECTION POLICY ACKNOWLEDGEMENT FORM

Please fill out completely and be sure to include your digital signature.

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Banner ID

Name

Date of Birth

Faculty/Staff Student *check one:* Undergraduate Graduate

Program Name

I hereby acknowledge that I have read the State University of New York Child Protection Policy, reviewed the training modules, and agree to abide by their terms, including provisions requiring that actual and suspected physical abuse and/or sexual abuse of a child be reported immediately to the University Police Department located at the Service Building (845) 257-2222.

I understand that SUNY New Paltz will check the NYS Sex Offender Registry and National Sex Offender Registry to verify that I have not been convicted as a sex offender.

Signature

Date

After electronically signing this pdf file, please email the form to: **schoolofed@newpaltz.edu**

Thank you!