



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of the Vice President  
Division of Administration & Finance

## Child Protection Policy Acknowledgement Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby acknowledge that I have read the State University of New York Child Protection Policy and Training and agree to abide by their terms, including provisions requiring that actual and suspected physical abuse and 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