

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 (www.suny.edu/sunypp/documents.cfm?doc_id=762), reviewed the training modules (system.suny.edu/compliance/topics/childprotection/sunycpp/), 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