



## Child Protection Policy Acknowledgement Form

Name: \_\_\_\_\_

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

I hereby acknowledge that I have received the SUNY Delhi Child Protection Policy; and (2) Policy on Mandatory Reporting and Prevention of Child Sexual Abuse. I have reviewed said policies 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 campus University Police Department at North Hall, 454 Delhi Drive, Delhi, New York 13753 (607.746.4700).

I give permission to the SUNY Delhi Human Resources Office to check the NYS Sex Offender Registry and National Sex Offender Registry to verify that I have not been convicted as a sex offender.

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Signature

Date