



## Child Protection Policy Acknowledgement Form

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

I hereby acknowledge that I have received the SUNY Cobleskill Child Protection Policy; and 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 Johnson Hall, State Route 7, Cobleskill, New York; 518.255.5317; [unipol@cobleskill.edu](mailto:unipol@cobleskill.edu).

I give permission to the SUNY Cobleskill 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date