

Child Protection Policy Acknowledgement Form

Name: _____ Date of Birth: _____

I hereby acknowledge that I have received the SUNY Westchester Community College 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 security in the Student Center Room 109, Valhalla, New York; 914-606-6911. I give permission to the SUNY Westchester Community College 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