



I have received and understand the ADA Training that was presented. I acknowledge that I am responsible for the content presented in addition to the *ADA Policy Number 03:05:00* at all times. I agree I will abide by all procedures and policies stated herein.

I further understand the policies and procedures remain in effect regardless of my signature. I acknowledge that policies and procedures may be revised according to *Policies and Procedures: Development, Revision, and Communication Policy Number 01:02:00*.

This acknowledgement and agreement must be renewed annually by the student or employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name