

SUNY Child Protection Policy Acknowledgement Form

Upon completion, please email a signed copy to:
Lindi Quackenbush (research@esf.edu)

Name _____

Date of Birth _____

Faculty or Supervisor Name _____

Department _____

Project Title _____

Working with Minor _____ Start Date _____ End Date _____

Note: You must recertify every 90 days.

Position

SUNY ESF Faculty or Staff

Research Foundation for SUNY Staff

Approved SUNY ESF Volunteer

Approved Research Foundation for SUNY Volunteer

SUNY ESF Student Employee

Research Foundation for SUNY Student Employee

SUNY ESF Independent Contractor

Research Foundation for SUNY Independent Contractor

If Student Status

Undergraduate Student

Graduate Student

I hereby acknowledge that I have read the [State University of New York Child Protection Policy](#), reviewed the training modules, and agree to abide by the 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 at 315-470-6666.

I understand that SUNY College of Environmental Science and Forestry 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