

# Acknowledgment of Training Completion

## Clery Act Training for Campus Security Authorities

I hereby acknowledge that I have reviewed the Clery Act Training for Campus Security Authorities in its entirety. By initialing the statements below, I acknowledge that I understand the:

- \_\_\_ University's obligations under the Clery Act.
- \_\_\_ reporting guidelines for Campus Security Authorities.
- \_\_\_ proper procedures for reporting allegations of Clery crimes.

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Employee Name (print)

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Employee Signature

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Department

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Date

Please print, complete, sign, and date this form and email to  
[hr@aum.edu](mailto:hr@aum.edu).