

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.

Employee Name (print)

Employee Signature

Department

Date

Please print, complete, sign, and date this form and email to hr@aum.edu.