



Receipt of Notice of Requirements as a Mandatory Reporter of Child Abuse

I understand that I am a Mandated Reporter of Child Abuse per Bloomsburg University of Pennsylvania’s policy PRP 2412. I have received a copy of this policy and acknowledge my responsibility as a Mandatory Reporter of Child Abuse. I further acknowledge that I am responsible to self-report through a written report to Bloomsburg University of Pennsylvania if I am arrested for or convicted of a reportable offense listed in Bloomsburg University of Pennsylvania’s policy PRP 2410 or if named as a perpetrator in a founded or indicated report of child abuse. I further acknowledge that I have also received Bloomsburg University of Pennsylvania’s policies PRP 2410 and consent to these terms and conditions.

SIGNATURE & DATE

PRINT NAME

E-MAIL ADDRESS

TELEPHONE NUMBER

APPLICANT FOR: FACULTY STAFF STUDENT EMPLOYMENT VOLUNTEER **DEPARTMENT:** _____