

ACKNOWLEDGMENT OF RECEIPT OF
DIOCESE OF OWENSBORO
REVISED SEXUAL ABUSE POLICY AND PROCEDURES

Parish/School/Institution/Agency: _____

Date: _____

I, _____, have read the “Revised Sexual Abuse
(please print)

Policy and Procedures.” I fully understand, accept, and agree to abide by it.

Signature _____

Printed Name _____

Position _____

Date _____

NOTE: This signed form must be sent to the Diocesan Office of Safe Environment (600 Locust Street, Owensboro, KY, 42301) as noted in Article 1.3.2 of this document.