

**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.