



Covered Person Clearance Form

(Covering the Child Protection Policy and
Policy on Mandatory Reporting and Prevention of Child Sex Abuse)

I hereby acknowledge that I have received the SUNY Cortland Child Protection Policy and the Policy on Mandatory Reporting and Prevention of Child Sex Abuse. I have reviewed said policies and agree to abide by their terms, including provisions requiring that actual and suspected physical abuse and sexual abuse of a child be reported immediately to the campus University Police Department.

I understand that in accordance with the Child Safety Act (Chapter 260 of the Laws of the State of New York, 2005) and the SUNY Child Protection Policy, SUNY Cortland must check the NYS Sex Offender Registry and the National Sex Offender Registry to verify that I am not a convicted sex offender. I give permission for SUNY Cortland to conduct these checks.

Legal Name (First, MI, Last)	
Position/Job Assignment	
Date of Birth	
Home Address	
City, State, Zip	

I affirm that all information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial of or dismissal from employment. I also understand that if I appear on the NYS Sex Offender Registry or the National Sex Offender Registry, I may be precluded from the employment covered in this document.

(Signature)

(Date)

Please return this form in a confidential manner by _____ to:

Campus Contact	
Department	
Address	SUNY Cortland, PO Box 2000, Cortland, NY 13045
Fax #	