

**ACKNOWLEDGMENT OF RECEIPT**

**Sexual Misconduct Policy  
of the  
Diocese of St. Cloud**

I hereby acknowledge that I received a copy of the Sexual Misconduct Policy of the Diocese of St. Cloud and that I have read it, understand its meaning, and agree to conduct myself in accordance with it.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_