



**Tri-Valley  
Regional Occupational Program**

2600 Kitty Hawk Road #117, Livermore, CA 94551-9699  
925-455-4800 FAX 925-449-9126

**Acknowledgment of Receipt of  
Sexual Harassment Policy and Uniform Complaint Procedure  
2011-2012 School Year**

By our signatures on this form, we, student and parent/guardian, acknowledge that we have received a copy of TVROP Board Policy and Administrative Regulation 1700, *Uniform Complaint Procedure*, and Board Policy and Regulation 5300, *Sexual Harassment*, from the ROP classroom teacher.

Student Name (print): \_\_\_\_\_

ROP Program and Teacher: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Sign and return to ROP teacher.**