



EMT Title IX Acknowledgement

Policy Statement

I (please print first/last name) _____, a(n) _____ student/employee of Mitchell Community College, do hereby certify that I have received a copy of the Mitchell Community College Title IX Policy and have been provided the opportunity to view the current documents (mitchellcc.edu/title-ix-information) on the College website pertaining to procedures and student rights.

I understand I may contact the Title IX Coordinator or Deputy Title IX Coordinator for further information or to report an incident.

Signature _____ Date _____

Witness _____ Date _____