

Student Name _____

EMPLID _____

I have elected not to watch the VWCC Campus Safety Video that offers details and guidelines for responding to critical and unpredictable incidents which may occur on our campus. I acknowledge that I have been provided with a script of the video to ensure that this important information is available to me, and have been given the opportunity to ask questions, or have been referred to the VWCC Campus Police for further information.

Date _____

Student Signature _____

Date _____

Instructor Signature _____

This form is to be returned to your instructor, and will be on file in the division office.

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