

**Acknowledgment of Receipt of Central Rivers AEA Notice of Privacy Practices**

By signing this document, I acknowledge that I have received a copy of Central Rivers AEA Notice of Privacy Practices.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Agency Use Only***

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Date acknowledgement received: \_\_\_\_\_

**OR**

Reason acknowledgement was not obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed form to Human Resources, Cedar Falls**