

UMBC AOP Parent/ Guardian and Student Plan Acknowledgement

Student's Name: _____

Program: _____

Guardian's Name: _____

Guardian's Relationship to Student: _____

By signing this form, I acknowledge the following:

- I have received a copy of the AOP Transportation Safety Plan.
- I have received a copy of the AOP Emergency Plan.
- I have received a copy of the Trip Safety Plan
- I have reviewed the Plans with a Program Staff member.
 - Individually
 - Orientation
- I understand and agree to all the terms of the Plans.

Student's Signature

Date

Parent's / Guardian's Signature

Date