

Centers for Family Change Privacy Notice

Signature Page

Receipt of Privacy Rights

By signing the Centers for Family Change Privacy Notice I/we acknowledge that I/we was/were provided a copy of the Centers for Family Change Privacy Notice, and have had the opportunity to read and review this notice.

_____ Date: _____

_____ Date: _____

_____ Date: _____

Persons 11 and older Parent or Guardian

Witnessed by: _____ Date _____