

**ACKNOWLEDGMENT OF RECEIPT OF THE
ABUSER REGISTRY ANNUAL WRITTEN NOTICE**

By signing and **dating** below I am acknowledging receipt of the Cuyahoga County Board of Developmental Disabilities Abuser Registry Annual Written Notice.

I understand that it has been recommended that I read the information contained in the notice, as it has been provided to me in accordance with the Ohio Revised Code Section 5123.542.

You are required to sign this form once each calendar year.

PRINTED NAME

X _____
SIGNATURE

DATE

→ * Return to your Supervisor