

CERTIFICATION OF
COOPERATIVE AGREEMENT WITH LAW ENFORCEMENT AND USE OF LOCAL LAW
ENFORCEMENT IN AN EMERGENCY

The undersigned states, to the best of his or her knowledge and belief, that the center:

Does have a current cooperative agreement with law enforcement (executed within the last 12 months).

AND

Will promptly contact law local enforcement by dialing 911 or any other appropriate phone number for reaching local law enforcement when suspected criminal behavior or other serious incidents threatening the safety and security of students or staff occur.

Center: _____

Printed Name of Authorized Representative:

First Name: _____

Last Name: _____

Title: _____

Phone Number: _____

Signature

Date