

WESTERN DUBUQUE COMMUNITY SCHOOLS

**CERTIFICATE OF COMPLETION
TITLE IX
2021-2022**

THIS CERTIFICATE IS AWARDED TO

NAME: _____
(PLEASE PRINT)

DATE: _____

MY SIGNATURE ON THE LINE BELOW ACKNOWLEDGES I HAVE VIEWED THE ONLINE TITLE IX TRAINING PROVIDED TO ME ON THE DISTRICT'S WEBSITE IN ENTIRETY. MY SIGNATURE ALSO ACKNOWLEDGES THAT I UNDERSTAND THE CONTENT CONTAINED IN THE PRESENTATION AND UNDERSTAND THAT IF I HAVE QUESTIONS, IT IS MY RESPONSIBILITY TO CONTACT THE TITLE IX COORDINATOR, VICKY COYLE.

SIGNATURE

DATE