

## **ADULT SERVICES ACADEMY HOUSING INFORMATION/RULES SIGN-OFF**

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**Bring completed form on the first day of class.**

I acknowledge receipt of the ASA Housing Info as set forth by the Washington State Criminal Justice Training Commission.

I have read and comprehend the ASA Housing Information/Rules outlining housing expectations as written, and understand that my failure to abide them could result in disciplinary action against me, dismissal from the Academy, and/or termination of my housing privilege.

ACADEMY SESSION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_