

## **Organizational Ombuds Program Certification Acknowledgement Form**

As part of our application for Organizational Ombuds Program Certification, we acknowledge our organization's intent to apply and confirm that the Ombuds program has institutional support. By signing below, we affirm our understanding of the certification process and our commitment to participating in it.

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### **Head Ombuds Information**

- **Full Name:** \_\_\_\_\_
  - **Title:** \_\_\_\_\_
  - **Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
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### **Institutional Representative (Outside the Ombuds Office)**

- **Full Name:** \_\_\_\_\_
- **Title:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_