

## **DECLARATION OF ACKNOWLEDGEMENT**

By signing this form I declare I have read, understand and agree to abide by the policies and procedures set forth in the UHCL Temporary Food Permit Policies and Procedures, Document ID FOO.SOP.001.02.

| Print Name: | Signature: | Date: |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
| Print Name: | Signature: | Date: |