

Statement of Completion
for VHA Volunteers

VHA Privacy Policy Training Record

I hereby state that I have received training on VHA Privacy Policies.

Please (1) print your name on the first line, and (2) fill in the date completed.

Print Your Name Here

Date

Condensed training	_____
PowerPoint, Full Version	_____
PowerPoint, Highlights	_____
Text Version FY10	<u> X </u>

Please return this form to your local Voluntary Service Office.

Thank you.