



## ACKNOWLEDGMENT OF TUITION REIMBURSEMENT GUIDELINES

State Form 56219 (1-17)  
DEPARTMENT OF CORRECTION

I, \_\_\_\_\_ acknowledge that I have read and fully  
*(Name)*

understand all of the requirements and policies that were stated in Indiana Department of Correction Tuition Reimbursement Program Guidelines.

I agree to adhere to the policies to the best of my ability. Any dishonest or falsified information may be cause for permanent termination from the program.

Signature of applicant

Date *(month, day, year)*

Printed name of applicant

Signature of witness

Date *(month, day, year)*

Printed name of witness