

**JOLIET JUNIOR COLLEGE  
DIVISION OF ATHLETIC TRAINING/SPORTS MEDICINE  
INTERCOLLEGIATE ATHLETICS**

**NOTICE OF PRIVACY PRACTICES**

**STUDENT-ATHLETE ACKNOWLEDGEMENT OF RECEIPT OF  
THE NOTICE OF PRIVACY PRACTICES**

I \_\_\_\_\_ acknowledge that I have received a copy of the  
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**Notice of Privacy Practices** of the Intercollegiate Athletics Division of the Sports Medicine at  
Joliet Junior College.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_