



**OFFICE OF THE DIRECTOR OF POLICE  
THE UNIVERSITY OF TEXAS SYSTEM  
POLICY AND PROCEDURE MANUAL**



By signature below I acknowledge that I have received a copy of:

**Policy 430 – Line of Duty Deaths**

I acknowledge that I am responsible for adhering to the policies and procedures contained therein and disseminating to all employees under my command.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date