



**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 736 Emergency Rescue Armored Personnel Vehicle/MRAP Mission and Use

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