

# Statement of Understanding

## (Good for One Year)

I acknowledge that I have read and understand Idaho National Guard Family Programs Bill of Rights and Responsibilities. By signing this form, I agree to the Statement of Understanding as outlined in the Bill of rights and Responsibilities.

\_\_\_\_\_  
Customer Printed/Types Name

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Printed/Typed Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date