



Associates of Vietnam Veterans of America, Inc.

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ACKNOWLEDGEMENT

I have read and understand the purpose of the Document Retention Policy (DRP). I understand that strict adherence to this policy is a condition of my employment with AVVA. If I do not understand something regarding the Document Retention Policy, I will contact the AVVA Secretary immediately for clarification. I agree to abide by AVVA's DRP.

Signature _____ Date _____

Name (please print) _____



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