

UGA Chapter Office Hazing Compliance Form

We certify that **all** activities sponsored or required by our organization comply with the UGA Hazing Policy.

We certify that **all** activities sponsored or required by our organization comply with our National hazing policy

We certify that **all** activities sponsored or required by our organization comply with the State of Georgia law.

We have informed the new members and initiated members of the UGA Hazing Policy.

We have informed the new members and initiated members of our National Hazing Policy.

We understand that violating the hazing policy will result in a referral to the Office of Judicial Programs for our organization (meaning the fraternity will face charges).

We understand that violating the hazing policy will result in a referral to the Office of Judicial Programs for individuals within the fraternity who haze.

We understand that failure to uphold this policy may cause personal referrals to the Office of Judicial Programs if we had prior knowledge of hazing and other violations and did not take the necessary steps to stop them from occurring.

We have read, understand, and agree to adhere.

Signature of the President

Signature of the New Member Educator

Fraternity Name

Date