

**University of Washington
Fraternity and Sorority
Educational Program Verification Form**

Under the terms of the Recognition Agreement between your chapter and the University of Washington, your chapter has agreed to:

By the end of the fall quarter, conduct educational programs for the Chapter's members on acquaintance rape and on substance awareness, where at least 80% of the chapter membership is in attendance and each program is a minimum of one hour in length.

- Sexual assault and acquaintance rape program conducted by the end of the sixth week of fall quarter
- Substance awareness program conducted by the end of fall quarter

Any materials used during the programs must be distributed to absent members, and they should be encouraged to review the materials with a chapter officer.

The Chapter must provide to the Office of Fraternity & Sorority Life written verification of the date, topic, speaker and attendance of such programs. The verification form must be signed by the Chapter President and the speaker.

Fraternity/Sorority: _____

Type of Program: Substance Awareness ___ Acquaintance Rape ___

Date of Program: _____ Approx. Length: _____

Number of Members Total Chapter
In Attendance: Membership: _____

Name of Speaker: _____

Program Title: _____

Speaker Affiliation: _____

Address: _____

Telephone: _____

Signature of Speaker: _____

I certify that the speaker is not an undergraduate member of our organization and that the information above is accurate.

Chapter President (Please Print)

Signature

Please submit completed form to:

Office of Fraternity & Sorority Life
HUB 236
Box 352238
(206) 685-9605
Fax (206) 685-9006
