SIGNATURE DOCUMENT
RELATIONSHIP AGREEMENT FOR THE RECOGNITION OF SOCIAL FRATERNITIES AND SORORITIES
CALENDAR YEAR 2017

I. We, the undersigned, have read, understand, and commit to comply with and share all of the undersigned policies with our general chapter membership regarding the terms and conditions of the official University of Nevada, Reno Relationship Agreement for the Recognition of Social Fraternities and Sororities for the 2017 Calendar Year.

Signatures to affirm an official partnership among the local chapter and the University of Nevada, Reno: (use BLACK or BLUE ink)

Fraternal Organization: ___________________________ Chapter Designation: ________________

Chapter President (print): _____________________________________________________________

President’s Signature: ___________________________ Date: _____________________________

Chapter Vice President (print): ________________________________________________________

Vice President’s Signature: ___________________________ Date: _____________________________

Chapter Advisor (print): _____________________________________________________________

Advisor’s Signature: ___________________________ Date: _____________________________

II. Furthermore, we agree to support and promote the conditions and requirements of the following compliance statements in order to enhance the quality of Fraternity and Sorority Life and maintain the official recognition status provided by the University:

A: Relationship Agreement Adjudication Process

Chapter President

Chapter Advisor

Chapter Vice President

B: Hazing and Initiation Policy

Chapter President

Chapter Advisor

Chapter New Member Educator
C: University Substance Abuse Regulations & Residence Based Alcohol Policy

Chapter President  
Chapter Advisor  
Chapter Risk Manager

D: Sexual Assault Policy

Chapter President  
Chapter Advisor  
Chapter Risk Manager

University of Nevada, Reno Representatives:

Dr. Gerald Marczynski  
Associate Vice President for Student Life, Student Services

Date: ________________________________