SIGNATURE DOCUMENT
University of Nevada, Reno Relationship Agreement for the Recognition of Social Fraternities and Sororities
CALENDAR YEAR 2018

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 2018 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
D: Sexual Assault Policy

University of Nevada, Reno Representatives:

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

..................................................  
Date: .........................................