UNIVERSITY OF HOUSTON | FRATERNITY AND SORORITY LIFE

Anti-Hazing Policy Compliance Form

Potential New Member/Aspirant Form

Organization Name	Semester	_
We, the undersigned, certify the following:		

1 Lhave been provided the University of Houston's Hazing Policy and it has been explain

- 1. I have been provided the University of Houston's Hazing Policy and it has been explained to me.
- 2. I have been provided the State of Texas Hazing law and it has been explained to me.
- 3. I have been provided the organization's National Hazing Policy and it has been explained to me.
- 4. If I suspect, see, or know hazing activities are occurring, it is my responsibility to report these activities to the appropriate office.

Please Use Additional Forms as Needed for Additional Signatures

Date	Printed Name	Signature	PSID

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