

Verified Aspirants Hazing Policy Notification Form

Fraternity/Sorority & Chapter Name: _____

We hereby declare that on _____ (date submitted), the following individuals' information is correct, and signatures are valid.

Number of Candidates Signature Chapter President Intake Chair Signature Advisor Signature

Number	Aspirant's Name	Signature <small>Policy: Hazing is prohibited. Physical hazing violates statutes of the State of Michigan. Any member and/or group failing to comply with this policy is subject to disciplinary action. This policy pertains to all pledges, active, and alumni members of the fraternity, sorority, or other organizations. For purposes of this policy, hazing is defined as any individual or organization who, in the course of another person's initiation into or affiliation with any organization, intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person.</small>	MSU Net ID
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Advisor Signature _____

Date _____