

University of Washington | Office of Fraternity and Sorority
EDUCATIONAL PROGRAM VERIFICATION FORM

Fraternity/Sorority: _____

Program:

- _____ Substance Abuse Awareness
- _____ Sexual Assault & Relationship Violence
- _____ Hazing Prevention
- _____ Diversity & Inclusion Program (Panhellenic Only)

Date of Program: _____

Length of Program: _____

# of Active Members in Attendance	# of Active Members in Chapter	# of New Members/ Neophytes in Attendance	# of New Members/ Neophytes in Chapter

Name of Speaker: _____

Program Title: _____

Speaker's Organization/Company: _____

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
Husky Union Building 236
(206) 543-1810
ofsl@uw.edu