



Office of Student Life
223 Hall-Moody Administration Building
Martin, Tennessee 38238
Office: 731-587-7525
Fax: 731-587-7529

FRATERNITY AND SORORITY HAZING COMPLIANCE FORM

We certify that all activities sponsored or required by our fraternity/sorority of members or pledge/associate members comply with the University of Tennessee at Martin Hazing Policy (as found on page 93 of The University of Tennessee at Martin Student Handbook) and with the State of Tennessee Hazing Law.

We have informed the members and pledge/associate members of our fraternity/sorority of the contents of the UTM Hazing Policy. This policy will be read to our members and pledge/associate members at the beginning of each semester.

We understand that failure to uphold the UTM Hazing Policy will result in referral to the proper campus judicial authority to determine the extent of guilt of the chapter and the officers, of individual members and subsequent punishment.

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. Failure to report any such activity of which you become aware may cause personal referral to a campus judicial authority.

We understand that the failure of our organization to uphold this policy, in whole or part, may cause our personal referral to the Office of Student Affairs if we had prior knowledge of the hazing violation and did not take the necessary steps to stop the hazing from occurring (meaning that participating in the hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving your approval to haze).

Our signatures below certify that we have read, understand and agree to abide by the University of Tennessee at Martin Hazing Policy. Also, by signing this we certify that our chapter has been made aware of the University of Tennessee at Martin Hazing Policy and the State of Tennessee Hazing Law.

Fraternity/Sorority Name

Individual Chapter Name

President's Signature

Pledge/ Associate Member Educator's
Signature

_____/_____/_____
Date

_____/_____/_____
Date

