

# OFFICER ANTI-HAZING COMPLIANCE FORM

Office of Student Involvement - Greek Life \* Phone 419.530.4036 \* Fax 419.530.2509  
2801 W Bancroft St. \* 2514 Student Union \* Mail Stop 105 \* Toledo, OH 43606

All fraternities and sororities must file this form with the Office of Student Involvement-Greek Life anytime Officer transitions take place to certify recognition of and compliance with the University's Policy Statement on Hazing.

Organization: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## Policy on Hazing

The University of Toledo supports the autonomy of its student organizations within the established rules and regulations as outlined in the student handbook and other official University publications. Initiation into University organizations is permissible excluding any activities that may be construed as hazing.

Hazing shall be defined as the performing of an act or insisting that another perform an act for initiation which may cause or create an unnecessary risk to physical or mental health. Such acts include, but are not limited to, requiring an initiate to drink alcohol or any other substance, preventing an initiate from having at least six hours sleep in any twenty-four hour period, branding, paddling, causing excess fatigue, mental or physical, expecting participation in any activity in which full members will not participate, or acts which would cause discomfort, pain, fright, disgrace, injury, or degradation or which violate any federal, state, local or statute or University policy.

When a student organization is found to be involved in hazing activity, the University shall have the authority to initiate disciplinary action regardless of the location of the activity. Such action shall be conducted in compliance with normal student organization conduct proceedings. Student organizations found in violation of the University hazing policy shall be subject to the range of sanctions available to the University as outlined in the student handbook.

## Anti-Hazing Agreement for Officers

The officers of this organization have read and understand the University's Policy Statement on Hazing. Further, we have informed the members and new/associate members of our organization of the contents of the University's policies on Hazing. All activities sponsored and/or required by our organization are in compliance with this policy.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice-President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Member Educator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Risk Management Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date