**OFFICERS’ COMPLIANCE FORM**

Chapter / Cluster Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, the officers of the above chapter hereby acknowledge that our chapter has on-line access to the sorority bylaws, policies and procedures. We understand that it is our responsibility to read and understand all of the information contained within, to communicate that information to our chapter members and pledges/new members, and to comply with all rules and regulations regarding our Sorority. We understand that our chapter is required to comply with our chapter’s executive governing body’s request of incident report documentation. Furthermore, we understand that we must release information/ reports to national or regional agencies upon request.

 We, the officers of the above chapter hereby attest that this chapter is not affiliated with, nor will affiliate or sponsor activities with, any unrecognized organization or auxiliary organization. We understand that the consequences of violating this policy may include: loss of Interest status, and/or potential judicial action.

Officer Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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