



**SOUTHERN UNIVERSITY at New Orleans**  
**STUDENT ORGANIZATION HAZING PREVENTION EDUCATION**  
**ATTESTATION FORM**

As a member of \_\_\_\_\_, I hereby attest to the fact that I have  
*(Organization Name)*  
received and read the hazing prevention policy during the \_\_\_\_\_  
*(Academic Year)*  
academic year, in person/electronically, on \_\_\_\_\_. The hazing prevention  
*(Date of Education)*  
education included information regarding:

- Δ What constitutes hazing;
- Δ The dangers of and prohibition against hazing;
- Δ The duty to assist a victim of hazing;
- Δ My duty to immediately report, in writing, any violation of the Hazing Prevention Policy to the appropriate University official. A reporting form is attached; and
- Δ Criminal penalties for the crime of hazing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_