

NICHOLLS STATE UNIVERSITY ALCOHOL AND DRUG POLICY COMPLIANCE FORM

Please complete this form and return to the Office of Student Life by September 24

In order to ensure that all organization members are aware of the regulations of the Nicholls State University Alcohol and Drug Policy, we, the officers/athletes of _____, a recognized student organization/NCAA athletic team of Nicholls State University, affirm that: All chapter or organization members/athletes have been informed of and have received copies of the University Alcohol and Drug Policy.

Additionally, we, the officers/athletes of _____, do hereby affirm that the organization/team represented by our signatures is in full compliance with the Nicholls State University Alcohol and Drug Policy.

It shall be the duty of all current and prospective members to report immediately, in writing, any violation of the policy to the Vice President for Student Affairs and/or the University Police. We understand that any alleged violation of the policy shall be investigated and appropriate disciplinary sanctions, as provided in the *Code of Student Conduct*, imposed if the allegation is substantiated.

As President/Captain of this organization/team, I am aware that I will be required to appear before the University Committee on Student Organizations for failure to disseminate this information to chapter/team members.

Signature of President/Captain

Date

Signature of Advisor/Coach

Date

Organization/Athletic Team

The Nicholls State University **Alcohol and Drug Policy** was disseminated to the members/athletes of the above named organization at a meeting held on: _____.

Title of Officer

Printed Name of Officer

Signature of Officer

Member's Name

Member's Name
