

Delta Sigma Phi Fraternity
Policy on Responsibility and Accountability Certification Form

The Grand Council of Delta Sigma Phi Fraternity expects all undergraduate chapters and colonies to review the Fraternity's risk management policies and procedures with all undergraduate members and new members on a regular basis, but no less than once per academic term. In addition, it is the responsibility of each chapter or colony president to ensure that every undergraduate member and new member has a copy of the *Delta Sigma Phi Policy on Responsibility and Accountability*.

Therefore, I _____, President of the _____

Chapter/Colony of Delta Sigma Phi Fraternity do hereby certify that I have reviewed the Policy on Responsibility and Accountability with each of my chapter/colony's undergraduate members and new members and provided them with a printed copy of the Delta Sigma Phi Policy on Responsibility and Accountability.

By affixing my name below, I understand that if I knowingly have provided information that is not true, I will be removed from office and my status as a member of Delta Sigma Phi Fraternity will be subject to review.

Chapter/Colony President's Signature

Date

Please return to:

Delta Sigma Phi Fraternity
1331 N. Delaware St.
Indianapolis, IN 46202

Must be postmarked by October 9, 2009