

**VERIFICATION OF CLEARANCE
FOR PARTICIPATION IN INTERCOLLEGIATE DEBATE
NATIONAL PARLIAMENTARY DEBATE ASSOCIATION
HARASSMENT AND VIOLENCE POLICY**

DATE FORM WAS COMPLETED:	
NAME OF PERSON COMPLETING VERIFICATION OF CLEARANCE:	
TITLE OF PERSON COMPLETING VERIFICATION OF CLEARANCE	
<input type="checkbox"/> <i>I am a Title IX Officer/Coordinator for this institution (check box if applicable)</i>	
EDUCATIONAL INSTITUTION:	
VERIFIER PHONE NUMBER:	VERIFIER EMAIL:
VERIFIER MAILING ADDRESS:	

NAME OF INDIVIDUAL ABOUT WHOM COMPLAINT WAS MADE:
DATE COMPLAINT RECEIVED BY EDUCATIONAL INSTITUTION:
<p><i>I certify, pursuant to my authority as a representative of the above named educational institution, that an authorized individual of this institution received a complaint of harassment or violence from the National Parliamentary Debate Association (NPDA). Our office reviewed this complaint, and conducted a prompt and thorough initial assessment and/or, if necessary, investigation of the complaint received from NPDA, consistent with Title IX and other applicable federal and state laws as well as this institution's policies. I also certify that based on this review and any applicable investigations, I am authorized to inform NPDA that the person listed above about whom a complaint was filed is, consistent with our institution's policies, eligible to participate in intercollegiate parliamentary debate competition and has the approval to do so on behalf of this institution.</i></p> <p>SIGNED THIS _____ DATE OF _____, 20__ IN _____ (city/state)</p> <p>_____ (Signature)</p> <p>PRINT NAME _____ TITLE _____</p>