



Risk Management Education Program Statement of Completion

I certify that I attended the Risk Management Education Program for Student Organizations required by Texas Senate Bill 1138.

Upon attending of this program, I reported the information at a meeting of the entire membership for my registered student organization.

Registered Student Organization Name

Date of Risk Management Education Program

Name of student who attended Risk Management Education Program

Officer Title

Date training was provided to general membership

Signature

(By signing, you are stating that you have provided the student organization indicated above with risk management training as outlined in the Risk Management Education Program you attended.)

Please return the following to the Multicultural Student Activities Programs office:

- This document with completed information no more than 30 days after attending the Risk Management Education Program.
- A copy of student organization minutes/agenda showing training was conducted
 - A complete list of member's signatures is *not* necessary.

“The best form of risk management is to look out for each other's best interest.”

Cleave Pool, Director of Counseling Services, ASU Health Clinic