**Waiver Application for Social Events with Alcohol with Adjusted Security Procedures**

Questions or Concerns - Please contact the Operations Coordinator at Executive Offices:

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| Jordon Ratliff | All Regions | jordon@deltagamma.org  |

*The purpose of this form is to determine if your chapter is eligible for a specific procedure waiver as outlined below, and to provide a written request for the waiver, including supporting documentation.*

*For the purpose of this form, “Adjusted Security Procedures” shall be defined as events without security. If a venue is able to provide security that meets Delta Gamma’s security procedures, then security should still be provided as usual.*

Note: Delta Gamma chapters are prohibited from holding events with organizations that are not recognized by the College/University that hosts the chapter or the chapter’s Inter/National Organization.

**Deadline Deadline to Submit**: This form is to be completed on a rolling deadlineand submitted to your Operations Specialist at Executive Offices (see email addresses above). Approved waivers are re-evaluated each year.

Chapter:      \_\_\_\_\_

School:      \_\_\_\_\_\_

Term start date (or date of first event, whichever earlier): Month  /Day  /Year

Date form submitted: Month  /Day   /Year

*As the College/University official who advises the Fraternity and Sorority Community, I am confirming that the collegiate chapter president has reviewed this waiver with me and I certify that (choose one):*

*[ ]* ***Yes****, the College/University policies, IFC/NPC policies and the college Panhellenic policies* ***allow/do not prohibit*** *an event such as the aforementioned Delta Gamma Fraternity adjusted security event.*

*[ ]* ***No****, the College/University policies, IFC/NPC polices and/or the college Panhellenic policies* ***do not allow/prohibit*** *an event such as the aforementioned Delta Gamma Fraternity adjusted security event.*

Name of College/University official:      \_\_\_\_\_

Signature of College/University official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Title:      \_\_\_\_

E-mail Address:      \_\_\_\_ Phone Number:      \_\_\_\_

**Please submit the following application materials along with this form:**

**Attach a** **copy** of the 1) College/University’s, 2) college IFC/NIC’sand3) the college Panhellenic’s policies on events with alcohol and risk management with this application. These policies should be detailed and include information about security requirements at events with alcohol. If any of the aforementioned parties have no policy regarding events with alcohol please attach a written letter from the appropriate College/University official to confirm.

Additionally, the chapter should submit a letter of justification stating why a waiver is necessary for the chapter. This should include detailed information regarding why waiving this procedure will allow the chapter to better manage its risk associated with events with alcohol and how this waiver would better accommodate your campus culture. This is due with the rest of the waiver application materials**.**

A procedure waiver *may* be granted to a chapter ONLY if the chapter is able to demonstrate that the College/University and the Fraternity and Sorority governing bodies have a policy which meets Delta Gamma’s adjusted security procedure or that no prohibitive policy exists. The granting of a waiver is at the discretion of your ATC, RCS, CDS and Operations Specialist. This application will be re-evaluated each academic year and the chapter will be notified each year regarding their approval status.

***As chapter president, my signature indicates that I believe the chapter can handle the increased responsibility associated with this privilege.***

Name (Chapter President):      \_\_\_\_\_\_\_\_

Signature (Chapter President): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_

E-mail Address:      \_\_\_\_\_\_

***As ATC, my signature indicates that I believe the chapter can handle the increased responsibility associated with this privilege.***

Name (ATC):      \_\_\_\_\_\_

Signature (ATC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_

E-mail Address:      \_\_\_\_\_\_\_