

**Risk Management for Student Organizations
Statement of Completion/Re-Certification**

I certify that I completed the Risk Management Training for Student Organizations required by House Bill 2639. Upon completion of the training, I will report the information at a full membership meeting for my recognized student organization. When the information is presented, it will be recorded in the organization's official minutes. The minutes will be available for audit by the Office of Student Activities upon request.

Name or Organization (s) (Please Print)

Name of Risk Management Officer (Please Print)

UID

Signature

Date

Position Held

Date Officer Received Initial Risk Management Training

Return this Statement of Completion to:
Office of Student Activities, Box T•0690 or Thompson Student Center Room 103.