TO: __________________________, Name of Individual
___________________________, Name of Group

FR: Alcorn State University Cooperative Extension Program

RE: Assurance of Non-Discrimination Status

DA: __________________________

I/We confirm that we do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or other factors prohibited by law in any of our educational programs, activities, services, admissions, or employment practices. To ensure participation in Extension programs, reasonable accommodations will be provided. I understand that I/we will work with the appropriate Extension staff member to provide accommodations.

___________________________________________________
(Signature of Group Representative or Individual)

___________________________________________________
(Name Printed)

________________________
(Date)