



# Alcorn State University

**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)

