

Date:

To:

[NAME OF PARTNER]

[ADDRESS OF PARTNER]

MSU Extension values the partnership with you and our commitment to civil rights as an agency funded in part by federal USDA funding. To verify that we are true to our values and to document our efforts for our federal partner, we also need to ask those who partner with us to certify they do not discriminate. Therefore, organizations receiving MSU Extension services and materials and organizations that collaborate with MSU Extension to deliver educational programs are asked to complete and return this form. We thank you for your time and effort in completing this form.



MSU EXTENSION
Human Resources

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(MSUE Employee Name, Contact information; include name, title, address, email and phone)
(Example: John Smith, Extension Educator, 1234 MSU Lane, East Lansing, MI 48824
jsmith@msu.edu)

Certification:

Organization Name: _____

Print Name and Title: _____

Email address: _____

Authorized Signature: _____

Date

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