



# RESOLUTION OF RESPECT



School Name \_\_\_\_\_

Principal/Director Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

1) Who Signed the *Resolution of Respect*: (eg. Whole school, 6<sup>th</sup> grade classes, 30 students, teachers, principal, etc.) \_\_\_\_\_

2) Date activity began and ended: Begin Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

3) Supplemental materials:

- Photographs (with description including names of individuals and affiliations)
- Power Point Presentation
- Newspaper/Newsletter articles
- DVD/Video Link/ Video
- Letters (to parents, from local participants, etc.)
- Other (please specify): \_\_\_\_\_

4) Number of attendees: \_\_\_\_\_

5) Name/email/phone number of organizer: \_\_\_\_\_

6) Was a press release sent out? (Please include a copy)       Yes       No

Please fax or mail this form to the Anti-Defamation League  
• 621 NW 53<sup>rd</sup> Street, Suite 450 • Boca Raton, FL 33487 • 561-988-2900  
• Fax 561.989.0712 • [www.adl.org/florida](http://www.adl.org/florida) •