



Resolution of Respect Form

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At least a majority of school members (students, staff and faculty) must sign the Resolution of Respect.

School Name: _____ Contact Name: _____

Position: _____ Email Address: _____

1. Please indicate how many of the individuals below signed the Resolution of Respect

Student	Educator	Administrator	Parent/ Guardian	Community Member	TOTAL

2. **Signing Dates:** Began: _____ Completed: _____

3. **How was the Resolution of Respect distributed?** (check all that apply)

- Copy for each student Poster in hallway/classroom Copy sent to parents/guardians
 Other: _____

4. **Supplemental Materials** (please include copies)

- Photographs (with description, including names of individuals and affiliations)
 Press Release
 PowerPoint Presentation
 Newspaper/Newsletter Articles
 DVD/Video
 Other (please specify): _____

Please send completed Resolution of Respect Form to:

Anti-Defamation League
C/o No Place for Hate® Initiative
25800 Northwestern Hwy, Suite 980
Southfield, MI 48075
Phone (248) 353-7553
Fax (248) 353-1264