Letter of Confirmation of Organizational Policy	
Example 1:	
DATE	
NAME OF RECIPIENT OFFICE HELD NAME OF GROUP ADDRESS CITY, STATE ZIP	
Dear (NAME):	
The Washington State University Extension (PROGRAM) (TYPE OF AUDIENCE). We are supported by public funds regulations. We do not discriminate on the basis of race, see or ethnic origin; physical, mental or sensory disability; maristatus as a Vietnam-era or disabled veteran.	s and adhere to civil rights laws and a, religion, age, color, creed, national
We request that our partnering organizations also conform to accessibility. Please confirm by your signature below that place supporting non-discrimination regarding accessibility.	t your organization has policies in
Signature	Date
Name and Title	_
Name of Organization	-
Sincerely,	

(WSU EXTENSION FACULTY, STAFF OR VOLUNTEER NAME)

## **Letter of Confirmation of Organizational Policy**

Example 2:	
DATE	

NAME OF RECIPIENT OFFICE HELD NAME OF GROUP ADDRESS CITY, STATE ZIP

Dear (NAME):

It was a pleasure to talk with you regarding a program for (NAME OF ORGANIZATION).

The WSU Extension (PROGRAM) is supported by public funds and adheres to civil rights laws and regulations. You assured me that membership in your organization is open to all without regard to race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran. Hence, I can accept your invitation to speak to your group on (DATE) from (TIME) to (TIME) at Location. My topic will be (TOPIC).

Sincerely,

(WSU EXTENSION FACULTY, STAFF OR VOLUNTEER NAME)

## **Letter of Confirmation of Organizational Policy**

Example 3:		
DATE		

NAME OF RECIPIENT OFFICE HELD NAME OF GROUP ADDRESS CITY, STATE ZIP

Dear (NAME):

This letter confirms our discussion on (DATE), about (NAME OF ORGANIZATION) of which you are (OFFICE).

You indicated that your organization maintains a policy of nondiscrimination which provides for membership and services to all without regard to race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran.

This statement policy is important. WSU Extension, as a public funded program, must adhere to civil rights principles and laws which prohibit service to groups which deny equal access. Your organizational policy assures opportunity for your group to benefit from Extension programs.

Sincerely,

(WSU EXTENSION FACULTY, STAFF OR VOLUNTEER NAME)