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) provides educational assistance to (TYPE OF AUDIENCE). We are supported by public funds and adhere to civil rights laws and regulations. We do not discriminate on the basis of 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.

We request that our partnering organizations also conform to an organizational policy pertaining to accessibility. Please confirm by your signature below that your organization has policies in place supporting non-discrimination regarding accessibility to the programs we provide for you.

______________________________________________
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)