

## RESOLUTION OF RESPECT FORM 2013-2014



School Name		
Contact Name	Title/Role	E-mail Address
• •	of school members - students, st er anti-bias pledge. How many p	,
Students:		
Faculty/Staff:		
Parents/Guardians/Commu	nity Members:	
2) Signing Dates - Began:	Completed:	
3) How was the Resolution	of Respect distributed? (check all	that apply)
Copy for each student		
Poster in hallway/classro		
Copy sent to parents/gu		
4) Supplemental materials (p	please include copies):	
Photographs (digital cop	ies with description, including names o	of individuals and affiliations)
PowerPoint Presentation		
☐ Newspaper/Newsletter	articles	
DVD/video tape		
Other (please specify):		

Please send completed Resolution of Respect Form and supplemental materials to:
Anti-Defamation League, Attn: Emily Hirsekorn
Fax: 858.565.4907 \* E-mail: <a href="mailto:ehirsekorn@adl.org">ehirsekorn@adl.org</a>
For more information call 858.565.6896.