



## StFX University Sexual Violence Response Policy

### Mandatory Declaration Form

(Please return completed form to Academic Vice President's Office)

Name: \_\_\_\_\_ Faculty: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

1.  I have engaged in Sexual Activity with (student name) \_\_\_\_\_ (student number) \_\_\_\_\_ on (date) \_\_\_\_\_.

**OR**

- I have been in a relationship with (student name) \_\_\_\_\_ (student number) \_\_\_\_\_ since (date) \_\_\_\_\_.

2. Are you currently in a position of academic authority over the Student?

Yes  No

Please describe:

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3. Might you, in the foreseeable future, be in a position to exercise authority over this Student?

Yes  No

Please describe:

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4. Do you have, or may you have, influence over the Student's academic progression?

Yes  No

Please describe:

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5. Do you collaborate academically with the Student?

Yes  No

Please describe:

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6. Is the Student an athlete and you are a member of the coaching staff of a varsity athletic team?

Yes  No

Please describe:

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**Undertaking regarding Mandatory Declaration**

I have read the St. Francis Xavier University Sexual Violence Response Policy and I understand the declaration is given in accordance with that policy. I declare that the information contained in this Mandatory Declaration is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken (if action is required):

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This declaration will only be used/disclosed in accordance with section 14.8 of StFX University's Sexual Violence Response Policy. An employee may request removal of this declaration from the Academic Vice President's file in accordance with section 14.9 of the University's Sexual Violence Response Policy.