



OFFICE OF GREEK LIFE

CONSENT TO RELEASE STUDENT RECORDS

NAME: (please print) _____ ORGANIZATION: _____

PREFERRED E-MAIL: _____ PHONE: _____

PERMANENT ADDRESS: _____

I, _____ (please print), do hereby authorize the University of North Carolina at Pembroke to release my academic report (semester and cumulative GPA) to the Fraternity/Sorority President and/or Scholarship Chair and to the National Headquarters of the organization listed above. I understand that this information will be used in reporting from the Office of Greek Life and in determining my eligibility for scholarship consideration, verification of registration, and minimum chapter grade point requirements, for as long as I am affiliated with the fraternity/sorority system at UNC Pembroke. If I no longer wish to have my records released, I understand that I must make a request, in writing, to the Office of Greek Life. I understand that, upon request, I may obtain a copy of this information for my personal use.

ORGANIZATION BID CARD AGREEMENT

I, _____ (please print), do hereby officially accept my bid invitation to the University of North Carolina at Pembroke chapter of the organization listed above in accordance with the Office of Greek Life policies and procedures.

ANTI-HAZING AGREEMENT

I, _____ (please print), have been informed of the University's and my (Inter)National Organization's policies against hazing. I understand what constitutes hazing and know that these practices are not only harmful but also have no place in Greek-letter organizations. I know that hazing cannot be a part of my education or initiation; and that if I am hazed, my chapter is violating the policies of the University, their (inter)national organization, and North Carolina State Law. I understand that my participation in hazing activities may result in numerous consequences including but not limited to loss of membership and other privileges, as well as subjecting myself to University and/or legal disciplinary action. I know that if I become aware of any hazing activities, I should notify the proper authorities, including, but not limited to, the Student Organization Office, Dean of Students Office, University Counsel, National Organization Headquarters and/or local police department. To initially report incidents of hazing, please contact the Office of Greek Life, located in the University Center room 220, by phone 910-775-4048 or email greek@uncp.edu.

By signing this document, I do hereby agree to the terms and statements listed above and understand that at any time, I may retract this document and the release of my student records by contacting the Office of Greek Life.

MEMBER SIGNATURE _____

DATE _____

CHAPTER PRESIDENT SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:
ACADEMIC SEMESTER: _____ CLASS STANDING: FR SO JR SR 5-yr
*CUMULATIVE GPA: _____ *PREVIOUS SEMESTER GPA: _____ BANNER ID: _____
*If first semester freshman, please list high school GPA.
RECEIVED ON: _____ RECEIVED BY: _____
ACKNOWLEDGEMENT: _____ (DIRECTOR) RECORDED ON ROSTER: _____