

Associate/Member Academic (Grade) Release Authorization
Office of Fraternity & Sorority Life
University of North Florida

Each candidate for membership must submit this form to the Office of Fraternity and Sorority Life **at least two (2) business days prior to being extended a bid for membership**. All candidates for membership must meet the University of North Florida's minimum cumulative grade requirement of a 2.5 to be eligible for Fraternity/Sorority membership and must be a fully matriculated student at the University of North Florida.

Once grades have been verified by the Office of Fraternity and Sorority Life, correspondence will be sent to the Chapter President, Chapter Recruitment Officer, and Chapter Advisor approving or disapproving membership eligibility.

*****IMPORTANT – PLEASE READ*****

University policy prohibits the release of personally identifiable (non-directory) information of the educational records of students without their prior written authorization. Exceptions to this policy are limited to (a) release of such information to a specified list of officials with a legitimate educational interest in the record; (b) the release of such information in response to a court order, health or safety emergency, or approved research project; or, (c) the release of public Directory Information which has not been previously restricted by the student.

I hereby give my consent and permission to the University of North Florida Office of Fraternity & Sorority Life to have my academic and personal information pulled (enrollment status, class standing, current cumulative and previous semester's GPA, contact information, Status Listing, and pertinent Officer Positions) and given to/utilized by the Chapter President, Chapter Scholarship Chair, Chapter New Member Educator, Chapter Advisor and Inter/National Headquarters staff, and the Office of Fraternity & Sorority Life. The purpose of this disclosure is to verify eligibility for membership, verification of achievement of the chapter's minimum academic standards, eligibility to participate in chapter/council/office leadership roles and activities, University and Office of Fraternity & Sorority Life statistics and other informational data, awards recognition, and for use in chapter scholarship programming.

With this consent, I further acknowledge that the inter/national representative leadership of my Fraternity/Sorority organization may/will discuss the potential/possibility of my membership within the inter/national/local organization against this academic/personal/chapter information. I fully understand that decisions may/will be made regarding my membership due to the current semester and/or cumulative nature of my academic/personal/chapter records (which I am releasing with this form, insofar as the limits stated above).

This authorization shall remain in effect for the entirety of my undergraduate time at UNF, unless I submit written revocation of this authorization to the UNF Office of Greek Life.

Printed Name: _____ Date: _____

N Number: _____

Signature: _____

Fraternity/Sorority: _____