

THE UNIVERSITY OF  
**MONTEVALLO**

**GRADE CONFIDENTIALITY AGREEMENT**

As the authorized chapter representative for my fraternity/sorority chapter, I affirm the following:

- I have been authorized by my chapter to receive education records (semester and cumulative grade point averages for the active and new members of my chapter.
  - I acknowledge receipt of these education records from the Office of Student Life
  - I understand that I will receive members' education records for the current semester.
  - I will only receive education records from members who are listed as members on my chapter's official roster.
  - I understand that my members' education records are confidential, and are protected under FERPA. As such, I have a legal and ethical responsibility to use this information in an appropriate manner, and will only disclose this information to the following parties:
    - Chapter president;
    - Chapter/faculty advisor(s);
    - Chapter scholarship chairperson;
    - National headquarters
- and will only use members' education records for the following purposes:
- Determining membership eligibility in my chapter;
  - For use in chapter scholarship, educational, and award/recognition programs

I have read this form and agree to the provisions outlined above.

_____	M	_____
Authorized Chapter Representative	Student ID	Fraternity/Sorority Chapter
_____	_____	_____
Signature	Date	Office/Position in Chapter

