

BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THE:

- THE UM HAZING POLICY
- GRADE RELEASE POLICY FOR GREEK LIFE AT MONTEVALLO AND UNDERSTAND THE POLICY FOLLOWS ALL CURRENT FERPA* GUIDELINES. ALSO BY SIGNING I VERIFY THAT I AM A CURRENT STUDENT AT THE UNIVERSITY OF MONTEVALLO WHO IS AT LEAST 18 YEARS OF AGE.**

FINALLY, I UNDERSTAND THIS AGREEMENT IS BINDING DURING MY ENTIRE UNDERGRADUATE AFFILIATION WITH THE ORGANIZATION. THIS AGREEMENT WILL ONLY BE VOIDED IF SUSPENSION, TERMINATION, OR INACTIVE STATUS IS GRANTED FROM MY ORGANIZATION.

LEGAL NAME- PLEASE PRINT

ORGANIZATION

M

UM STUDENT ID

DOB (MM/DD/YYYY)

EXPECTED GRADUATION DATE

STUDENT SIGNATURE

DATE

CHAPTER OFFICER

DATE

*FERPA- FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

FOR MORE INFORMATION PLEASE SEE: WWW.ED.GOV/POLICY/GEN/GUID/FPCO/FERPA

**IF YOU ARE UNDER THE AGE OF 18, PLEASE SEE THE STUDENT LIFE OFFICE FOR THE PROPER FORM.

FOR OFFICE USE ONLY

Date Received: _____ Staff Initials: _____