

Texas State University
Dean of Students Office

Greek Recruitment and Membership Grade Release Agreement

This form must be completed prior to participating in Recruitment for our social Greek organizations governed by the Panhellenic Council. This form provides information to the Dean of Students Office, the Panhellenic Council, and individual chapters concerning your grades as well as an acceptance of the University alcohol/drug policies and anti-hazing policies.

By signing this form, I authorize release of the following information:

- a. my semester, Institutional and Cumulative GPA for chapter Midterm and Final Grade reports
- b. my grades
- c. my semester hours and my overall hours

I understand and agree that the above information will be released to determine my eligibility for a Bid/Invitation and for each semester I am enrolled as an undergraduate member of a fraternity or sorority. I understand and agree that the above information will be released to the Dean of Students Office, the Inter/national headquarters, the chapter scholarship chairperson, the chapter president, the chapter recruitment chair, and the chapter advisor. I understand and agree that my grade point average will be used to total the average grade point of my fraternity or sorority.

This authorization for release of the above information will end if I am not enrolled as an undergraduate member of a fraternity or sorority.

Additionally, by signing this form, I acknowledge my understanding of Texas State University's anti-hazing, alcohol and illegal drug policies.

Hazing, Alcohol & Drug Policies (<http://www.dos.txstate.edu/handbook.html>)

As a member of a fraternity/sorority, I acknowledge and agree to not participate in any event or activity that could be considered hazing or violate any university policy including the policies on alcohol and drug use. I acknowledge and agree that if I am forced to participate in any hazing event, I understand that this is not condoned by Texas State University, or by the Inter/national office of the fraternity/sorority with which I have become associated. I further acknowledge and agree to report any incident to a Dean of Students Office staff member and/or an executive officer of the IFC, MGC, NPHC, PHC as soon as possible (preferably within 24 hours of the incident) and further acknowledge and agree that all incidents will be investigated. I understand that all Inter/national fraternities and sororities strictly prohibit hazing. I acknowledge and agree that hazing goes against the purpose and ideals that fraternities and sororities were founded upon. By signing this form, I acknowledge and agree to abide by Texas State University's alcohol, drug and hazing policies.

Name: _____
(Please print first, middle, and last name)

Date: _____ Student I.D. Number: _____

Hometown/State: _____ Birth Date: _____

I, _____ agree to the terms listed above.
(signature)

OFFICE USE ONLY
Fraternity/Sorority: