

Greek Affairs
Roster Addition, Deletion, and Grade Release/ Policy Acknowledgement Form
LBJ Student Center 4-14.1 512.245.5646

Please Print

Member Name: _____ Texas State Email: _____
Last First

Phone Number: _____ Student ID #: _____

Fraternity/Sorority: _____

Initiating Chapter/University: _____

Addition and Grade Release:

This section should be used to **ADD** an **Affiliate/Transfer** student to the official chapter roster at any time during the year and/or to **ADD** an **Initiated** member who is returning to active status in the chapter (*please check one*):

- Affiliate Transfer
- Returning Member

Effective date to ADD member to roster: _____

I give permission to the Texas State Dean of Students - Greek Affairs Office and the appropriate officers and advisors of the fraternity or sorority listed above to have access to my academic records for the purpose of compiling academic rankings, grade point averages, and for my fraternity/sorority to use for academic programming and membership requirements. This permission is granted while I am a student at Texas State University and associated with my fraternity/sorority in any capacity. I have read and agree to the University's Hazing, Drug, and Alcohol policy found in my student handbook as well as University, Student Affairs, and Greek Affairs policies regarding conduct, social events, and solicitation as it applies to my chapter, which can be located on the Greek Affairs website.

Member Signature: _____

Deletion:

This section should be used to **REMOVE** an active member or new/associate member from your chapter roster any time during the year (*please check one*):

- | | |
|--|--|
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Membership Revoked (Active or New Member) | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Membership Suspended (Active or New Member) | <input type="checkbox"/> Alumni Status |
| <input type="checkbox"/> Membership Resigned (Active or New Member) | <input type="checkbox"/> Other: _____ |

Effective date for REMOVAL: _____ Reason for Removal: _____

Attention Students: You **Must** have the appropriate signatures in order for the changes to take place on your roster.

Chapter President Signature _____ Date _____ Chapter Advisor Signatures _____ Date _____

Please note: a copy of this form will be provided upon request to headquarters to maintain proper record keeping.

Staff Received (date): _____ Roster Updated (date): _____