



**Syracuse University**  
Division of Student Affairs  
Office of Student Life

**CHAPTER MEMBER ACADEMIC RELEASE AUTHORIZATION AND  
POLICY COMPLIANCE AGREEMENT**

The Family Education Rights and Privacy Act of 1974 prohibits the release of personally identifiable information from the students' education records without their prior written authorization. Exceptions to this policy are limited to:

- 1) release of such information to a specific list of officials with a legitimate educational interest in the record,
- 2) the release of such information in response to a court order, health or safety emergency, or approved research project, or
- 3) the release of public directory information which has not been previously restricted by the student.

Fraternity/Sorority: \_\_\_\_\_

Name (last, first, middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date Affiliated/Pledged: \_\_\_\_\_ Circle One:    New Member    Active    Transfer

**ACADEMIC GRADE RELEASE AUTHORIZATION**

I have accepted membership in the organization mentioned above and hereby consent to the release of the following information to the indicated offices:

**Records to be Disclosed:** Semester grade point average and cumulative grade point average and any other records as authorized to the Office of Student Life.

**Parties to Whom the Records**

**May be Disclosed:** Office of Student Life.

**Purpose of Disclosure:** For use in awards recognition, and verification of minimum academic standards.

**Length of Disclosure:** This authorization shall remain in effect as long as I remain a member of the organization and I am enrolled at Syracuse University, unless I submit a written revocation of this authorization to the Office of Student Life.

**Initial:** \_\_\_\_\_

**HAZING POLICY COMPLIANCE AGREEMENT**

I agree to the following as long as I am a member of my fraternity or sorority (initial each statement):

- \_\_\_\_\_ 1. I have received, read, and fully understand the Syracuse University Hazing Policy and the State of New York Hazing Law.
- \_\_\_\_\_ 2. I have read and fully understand the national hazing policy of the organization of which I am seeking membership which I am already a member.
- \_\_\_\_\_ 3. I understand that hazing puts me and my organization at risk and I agree to comply with these policies and to report any hazing of which I am aware.
- \_\_\_\_\_ 4. I understand that hazing practices are not only harmful, but also have no place in Greek-letter organizations. I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any fellow members.
- \_\_\_\_\_ 5. I pledge that I will work to eliminate all forms of hazing practiced found within my fraternity/sorority chapter, as well as to uphold all other rules and regulations of the university and/or the inter/national organization

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## STATEMENT OF RELATIONSHIP

I have read and fully understand the Statement of Relationship which is a written agreement between Syracuse University and all recognized fraternity and sorority members. Any violation of this agreement may result in deactivation of a chapter or individual members from the Syracuse University fraternity and sorority system.

Initial: \_\_\_\_\_

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## STATEMENT OF NON-DISCRIMINATION

I agree to the following Syracuse University Statement of Non-Discrimination as long as I am a member of my fraternity or sorority:

*I agree not to discriminate on the basis of race, creed, color, gender, national origin, religion, marital status, age, disability, sexual orientation, or status as a disabled veteran or a veteran of the Vietnam era to any extent discrimination is prohibited by law. This nondiscrimination policy covers admissions, employment, and access to and treatment of fraternity and sorority programs, services and activities.*

Initial: \_\_\_\_\_

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## CODE OF STUDENT CONDUCT COMPLIANCE STATEMENT

I agree to the following Code of Student Conduct statement as long as I am a member of my fraternity or sorority:

*I agree to abide by the Syracuse University Code of Student Conduct. More specifically, I agree to abide by the Syracuse University Policy on alcohol, other drugs and tobacco. The policy can be found on page 88 of the current Student Handbook.*

Initial: \_\_\_\_\_

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## CHAPTER POLICY COMPLIANCE AGREEMENT

I agree to the following as long as I am a member of my fraternity or sorority (initial each statement):

- \_\_\_\_\_ 1. to meet all of my financial obligations by paying all dues, chapter fees, chapter house rent, meal plan fees, and all other fees on time as directed by the chapter and/or alumni/ae corporation.
  - \_\_\_\_\_ 2. to represent my fraternity or sorority in a positive manner at all times by not engaging in inappropriate activities on or off campus that are in violation or contrary to the policies, procedures, codes and/or expectations established by my inter/national organization.
  - \_\_\_\_\_ 3. to agree to live in my chapter house, when required, in order to keep the facility solvent, and to follow all established policies and procedures that govern chapter house living at all times.
  - \_\_\_\_\_ 4. to follow directions, decisions, policies, procedures, etc. established by the elected officers of my chapter at all times.
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## CONFIRMATION:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

