****Mansfield University**

**Office of Fraternity and Sorority Life**

**Interfraternity Council**

 **Bid Acceptance/Grade Release and Anti-Hazing Form**

The Family Education Rights and Privacy Acts of 1974 prohibits the release of personally identifiable information from the students’ education record 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 record, 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 Date Affiliated/Pledged**

 **ID# Circle one** New Member Active Transfer

I have accepted membership in the organization mentioned above and herby 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, academic year, and any other records as authorized to the Office of Fraternity and Sorority Life.

**Parties to whom the records** Chapter Presidents, Chapter Academic Chairs, Chapter and/or Faculty Advisors, Scholarship

 **may be disclosed:** Chairperson, National Headquarters Staff, and the Office of Fraternity and Sorority Life.

**Purpose of disclosure:** For use in chapter scholarship statistics, educational programming, awards recognition, honor society 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 to the Office of Fraternity and Sorority Life.

## I agree to the following (Please initial each):

1. I have received, read, and fully understand the Mansfield University of Pennsylvania Anti-Hazing Policy and the

Commonwealth of Pennsylvania Hazing Law.

1. I understand that hazing puts both myself, and my organization at risk and I agree to comply with these policies and

to report any hazing which I am aware.

1. 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.

1. I pledge that I will work to eliminate all forms of hazing practices found within my fraternity/sorority chapter, as

well as to uphold all other rules and regulations of the university.

Member signature Date Office Staff of Fraternity and Sorority Life Date

Signature

By:

Date Entered:

For Office Use Only

Date Received:

*Updated 9/15/2020*