GREEK INFORMATION AND AUTHORIZATION RELEASE FORM  
Office of Student Activities and Leadership  
St. Lawrence University

Each new member must sign and return a copy of this form to Greek Advisor in the Office of Student Activities and Leadership before participating in any chapter activities. If this form is not returned in a timely manner, the semester grade report for your chapter will be delayed.

Academics
I give my consent to the Office of Student Activities and Leadership to release my educational records (grades) to my chapter for use in determining my eligibility for membership in the chapter as well as scholarship programs, advising, and chapter averaging at any time during my membership in the chapter. I authorize this release for the time that I am matriculated at St. Lawrence University or until I notify, in writing, the Greek Advisor or the Office of Student Activities and Leadership otherwise.

Membership
I understand that, as an obligation of membership,

• I will be required to fulfill financial obligations in a timely fashion to both St. Lawrence University and my organization.
• My actions, whether independent of the group or as a member of it, reflect upon my organization and the University.

In addition, I have read and understand the Greek System, Governing Principles as outline in the St. Lawrence Student Handbook.

Hazing
I understand that I have the obligation to ensure that my chapter upholds the principles upon which it was founded as well as to protect my own dignity. I acknowledge the position of the University, the Greek governing councils, and the national headquarters of my organization regarding hazing: Hazing in any form should not be tolerated.

I further acknowledge that I am subject to all federal, state, University, and national headquarters rules and policies. It is my responsibility to report violations of these policies and procedures to the proper authorities.

With my signature, I agree to the stipulations listed above.

_______________________________________  __________________________  _______________________
Printed Name (please print legibly)   Greek Chapter   Pledge Semester

____________________________________________________________________________________
Signature      Date

(Do not write below this line)