

**WEST VIRGINIA UNIVERSITY INSTITUTE OF TECHNOLOGY**  
**Office of Student Programming and Organizations**  
**FERPA Academic and Student Conduct Release Form**

As a student at West Virginia University and a prospective or current member of a Greek Organization, I hereby consent to the release of the following information in the manner indicated below pursuant to the Family Educational Rights and Privacy Act of 1974 ("FERPA") (20 U.S.C. § 1232g; 34 C.F.R. Part 99). This form must be completed each semester.

**Records to be disclosed:** Semester grade point average, cumulative grade point average, semester hours/credits enrolled, permanent address and phone number, alert slips, suspension, academic probation standing, and/or student conduct record on file with the Office of Student Conduct.

**Parties to whom the records may be disclosed:** Dean of Students Office, Organization/Chapter President, Organization/Chapter Advisor, Recruitment Chair/New Member Educator, Academic Chair, (Inter) National Headquarters Staff.

**Purpose of Disclosure:** For use in scholarship and general statistics, educational programming, award recognition, and verification of minimum academic/judicial standards and University enrollment.

**Length of Disclosure:** This authorization shall remain in effect until I leave the university unless earlier revoked by me, in writing and delivered to the Office of Student Programming and Organizations.

Please type in the name, and student ID number, for each member or prospective member. Next, print the form so signatures can be added and dated. Forms should be returned to the Office of Student Programming and Organizations, Benedum Center – BEAR.

Organization & Chapter Name \_\_\_\_\_

We hereby declare that on \_\_\_\_\_ (date submitted), the following individuals are members into our organization and will be duly initiated pending the decision of our regional/national representative(s).

Total Number of Candidates	President's Signature	Advisor Signature
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**Signature:** I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit West Virginia University Institute of Technology to release academic and conduct information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Student Programming and Organizations that I no longer wish to allow such information to be released.

**Cumulative  
GPA (DO NOT  
WRITE IN  
THIS BOX)**

**Name**

**Student ID #**

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