

Chapter _____

Date _____

Submitted by (name & position) _____

MIX email _____

As a student at West Virginia University Institute of Technology and a prospective 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):

- **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 any student conduct records on file with the Office of Student Conduct.
- **Parties to whom the records may be disclosed:** 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.

| FIRST | MI | LAST | WVU ID # | PHONE | SIGNATURE | Chapter use: | OSPO use only: | |
|-------|----|------|----------|-------|-----------|--------------------------|----------------|----------|
| | | | | | | Intend to extend bid | GPA/ Hrs | Eligible |
| 1. | | | | | | <input type="checkbox"/> | | Y N |
| 2. | | | | | | <input type="checkbox"/> | | Y N |
| 3. | | | | | | <input type="checkbox"/> | | Y N |
| 4. | | | | | | <input type="checkbox"/> | | Y N |
| 5. | | | | | | <input type="checkbox"/> | | Y N |
| 6. | | | | | | <input type="checkbox"/> | | Y N |
| 7. | | | | | | <input type="checkbox"/> | | Y N |
| 8. | | | | | | <input type="checkbox"/> | | Y N |
| 9. | | | | | | <input type="checkbox"/> | | Y N |
| 10. | | | | | | <input type="checkbox"/> | | Y N |

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