

Fraternity and Sorority Life

Office of Student Engagement 300 Washington Avenue • Chestertown, MD 21620 PHONE 410-778-6118 EMAIL stansits2@washcoll.edu

EDUCATION AND CONDUCT RECORDS RELEASE FOR GREEK LIFE

Undergraduate students who have joined a fraternity or sorority or who are considering membership may use this form to authorize release of their current grade point average, academic standing, previously earned grades, and Washington College Conduct Records to Chapter President, Chapter Recruitment Chair and the Chapter Advisor(s) of the Interfraternal or Panhellenic organization(s). These records will be furnished by the Office of the Registrar in coordination with the Office of Student Engagement during recruitment drives and each semester a student remains affiliated with the organization. **No other records besides the ones listed above will be shared.**

Instructions:

- 1. Complete and submit this form to the Office of Student Engagement.
- 2. The authorization will remain in force until you graduate, permanently withdraw or are dismissed from the College.
- 3. At any time, this authorization may be rescinded if you notify the Office of Student Engagement of your intention to disaffiliate from the fraternity or sorority.

| Last Name | First Name | MI | Washington College ID# | | | |
|--|-------------------|--------------------------------------|------------------------|--|----------|----------|
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| Degree Program / Major | Start Term at WC | Current Cl | Class Year Date of | | Birth (m | m/dd/yy) |
| | | | | | | |
| Email Address | Telephone Number | Fraternity or Sorority interested in | | | | |
| I hereby authorize Washington College to furnish any Interfraternal or Panhellenic organization(s) which I become a member of with information about my previous semester grades, academic standing, cumulative GPA, Washington College Conduct Records, and Washington College Student Code of Conduct violations. I acknowledge that this authorization will remain in force for as long as I am a student at Washington College. If I disaffiliate from the organization, I am responsible for completing another form to rescind this authorization. | | | | | | |
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| Student Signature | | | | | Date | |
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| FOR OFFICE USE ONLY | | | | | | |
| Date Received: | | | | | | |
| Copy to: OSE Chapter Pres. Recruitment Chair Chapter Advisor | | | | | | |
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| GPA before | e joining Organiz | zation Joine | ed | | | |
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