**Fraternity & Sorority Life**

George Mason University

4400 University Dr MS 2D6

Fairfax, VA 22304

(703) 993-2909 FAX (703) 993-4566 si.gmu.edu/greek-life

|  |
| --- |
| **Verification of New Members** |

*Note: Must be TYPED-Due 5 business days after the beginning of the New Member Education process (additional sheets may be attached if necessary)*

|  |  |
| --- | --- |
| **Semester:** | Fall[ ] /Spring[ ]  |
| **Year:** |  |
| **Organization:** |  |
| **Total Number of New Members:** |  |
| **Date of Initiation Ceremony:** |  |

**A. Declaration**

We hereby declare that as of       (date submitted), the individuals listed below are aspirants for membership into our organization and will be duly initiated per the approval of our regional and/or (inter) national representative(s).

Chapter President Name Signature Date

New Member Educator Signature Date

**B. Anti-Hazing Policy Agreement & Grade Consent**

By signing below, I attest to the following:

* That the state of Virginia laws and George Mason University policies on hazing have been reviewed and explained to me. I understand that I am not to engage in any activities that violate the policy or law. I understand that all illegal actions must be reported to the Office of Greek Life.
* That I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit George Mason to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Student Involvement that I no longer wish to allow such information to be released.
* That I request the information below be released for the remainder of my undergraduate career, for the purposes of membership eligibility and recognition, to the chapter president, chapter executive board members, campus and chapter advisors and national representatives of      fraternity/ sorority.

Information to be released: credit hours enrolled in, credit hours passed, semester grade point average, individual cumulative grade point average.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Student ID** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |