

**New Member / Pledge  
Affiliation Form**

The Family Education Rights and Privacy Acts of 1974 prohibits the release of personally identifiable information from the students' education records without their prior written authorization. Exceptions to this policy are limited to: 1) release of such information to a specific list of officials with a legitimate educational interest in the record, 2) the release of such information in response to a court order, health or safety emergency, or approved research project, or 3) the release of public directory information which has not been previously restricted by the student.

**Name (First, Middle, Last):** \_\_\_\_\_

**Fraternity/Sorority:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Date Affiliation Pledging:** \_\_\_\_\_

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I have accepted membership in the organization mentioned above and hereby consent to the release of the following information to the indicated offices:

Records to be disclosed:	Semester grad point average and cumulative grade point average and any other records as authorized to the Office of Greek Life.
Parties to whom the records May be disclosed:	Chapter President, Chapter Advisor, Scholarship Chairperson, National Headquarters Staff, and Greek Life Staff.
Purpose of Disclosure:	For use in chapter scholarship statistics, educational programming, awards recognition, and verification of minimum academic standards.
Length of Disclosure:	This authorization shall remain in effect as long as I remain a member of the organization and am enrolled at the University of Arizona, unless I submit a written revocation of this authorization to Greek Life Programs.

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**Hazing Policy Compliance**

I agree to the following:

1. I have read and fully understand the University of Arizona Hazing Policy
2. I have read and fully understand the national hazing policy of the organization of which I am seeking membership.
3. I understand that hazing puts both myself and my organization at risk and I agree to comply with these policies and to report any hazing of which I am aware.

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**\*\*National Panhellenic Conference – Membership Recruitment Acceptance\*\*  
(women joining National Panhellenic Conference chapters only)**

By signing this form, I understand that I may not pledge any other NPC chapter on this campus, unless I was not initiated and withdrew my membership, which means I cannot join for one calendar year.

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**For Office Use Only**

Date Received:

Date Entered:

By:

**Parent Information**

A. Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Ph. \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Title \_\_\_\_\_

B. Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

(If different from above)

\_\_\_\_\_

Home Ph. \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Title \_\_\_\_\_

**Which member of your family was a member of a fraternity or sorority? (please circle all that apply):**

A. Mother Yes\_\_\_ Affiliation\_\_\_\_\_ College\_\_\_\_\_ Grad Yr\_\_\_\_\_

No\_\_\_

B. Father Yes\_\_\_ Affiliation\_\_\_\_\_ College\_\_\_\_\_ Grad Yr\_\_\_\_\_

No\_\_\_

C. Sister Yes\_\_\_ Affiliation\_\_\_\_\_ College\_\_\_\_\_ Grad Yr\_\_\_\_\_

No\_\_\_

D. Brother Yes\_\_\_ Affiliation\_\_\_\_\_ College\_\_\_\_\_ Grad Yr\_\_\_\_\_

No\_\_\_



\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Chapter Advisor Signature