

Date Received: _____
 Date Entered: _____



VERIFICATION OF NEW MEMBERS FORM

Fraternity/Sorority _____ Date _____

We hereby declare that the following individuals have accepted a bid and/or have submitted a formal application to be considered for membership in our organization. If selected, pending any regional/national approval needed, and upon successful completion of the new member education or intake process, these individuals will be duly initiated into our organization.

 Total Number of New Members Chapter Officer Name Chapter Officer Title Chapter Officer Signature

New Member's Name	Student ID #	Signature: This form should be completed by any student participating in a Fraternity or Sorority Organization at UWA in order to allow UWA to disclose certain educational records to third parties. I understand that the Office of Student Life may access non- directory personally identifiable information. I give permission to the Office of Student Life to disclose the following educational records and information to the below listed recipients: • Academic records (grades, GPA, class attendance) to my organization during the membership selection process. • Academic records (grades, GPA, class attendance) to local chapter officers, local advisors and national fraternity or sorority staff at the end of each academic semester. • Student conduct records maintained by the Office of Student Life to the chapter officers, local alumni advisors, and national fraternity/sorority staff. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent prospectively and at any time by providing written notice to the Office of Student Life.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		