

Morehead State University Fraternity/Sorority
Grade Release, Financial Agreement, and Personal Data Form,

Please print or type clearly. Complete entirely. Do not abbreviate.
Submit by email to s.sievert@moreheadstate.edu or by mail/in person to ADUC 213

Fraternity/Sorority _____

Your **full** legal name _____

MSU ID # _____ Today's date _____

Cell Phone _____ Date of birth _____

Email you use most _____

Hometown _____ Home State _____

Parents/Guardians _____

Their full address _____

By signing this form, I give Morehead State University (MSU) permission to release my directory information, academic information, and/or student conduct information to the following:

- The president and/or advisor of local chapters of MSU inter/national fraternities/sororities for the purpose of determining membership eligibility for recruitment and initiation
- Local chapters of MSU inter/national fraternities/sororities as requested during each semester of my enrolment at MSU
- The inter/national and/or alumni/ae organization of my fraternity/sorority as requested during each semester of my enrollment at MSU
- My academic information included in the cumulative GPA of my fraternity/sorority to chapter presidents, advisors, inter/national headquarters, and/or alumni organization of my fraternity/sorority during each semester of my enrollment at MSU
- Semesterly 4.0 certificates presented at Fraternity & Sorority Life Awards Ceremony.

I fully understand the financial commitments pertaining to fraternity/sorority membership. I am aware of the cost(s) associated with being a member of a fraternity/sorority and have the means to meet these obligations. Should I fail to meet my financial obligations to the fraternity/sorority, I understand that the fraternity/sorority may pursue collection for financial restitution through any legal means necessary. I understand that if I resign my fraternity/sorority membership, I could be held liable for any and all charges up to the point of my resignation. I hereby sign this form of my own free will without any duress from any member of a fraternity/sorority or any MSU employee.

Signature

Date

Printed Name

MSU ID #