



Center for Student Involvement

Landon Student Union, Suite 202

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-3961

[**studentinvolvement@mail.barry.edu**](mailto:studentinvolvement@mail.barry.edu)

All Greek Council

Landon Student Union, Suite 206

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-4767

[**agc@barry.edu**](mailto:agc@barry.edu)

GRADE RELEASE INFORMATION

**FAILURE TO SIGN THIS FORM WILL MAKE YOU INELIGIBLE FOR THE FOLLOWING:**

**AFFILIATION AS A PLEDGE/ASSOCIATE, INITIATION, INTRAMURALS PARTICIPATION, AND ANYTHING ELSE REQUIRING GPA VERIFICATION.**

In order to comply with the Educational Rights and Privacy Act (Public Law 93-380) passed by the 93rd U.S. Congress, as amended November 19, 1974, it is necessary for each sorority/fraternity member to sign the statement contained herein in order that officers and advisors to a chapter may receive copies of your individual grades. The law also makes it necessary for each member to sign a release so that grades and rosters may be sent to the respective national offices, if requested.

**Please print full name as listed in official records at Barry University.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First) (Middle)

hereby grant the Center for Student Involvement permission to obtain and release my semester grades and mid-semester evaluations at Barry University for the current semester and other ensuing semesters as long as I am a student at Barry University to my sorority/fraternity chapter officers and advisors and to the National Office, if requested.

I authorize the use of my grades in the development of a composite grade-point average for my Chapter. This composite grade point average will be released to the All Greek Council and will also be displayed on University publications. I authorize release of my mid-semester academic evaluation to my chapter officers for their use in providing me with academic assistance. I also give permission for my name to be listed on chapter rosters with the understanding that this list of names will be treated as public information. In addition this release gives permission to the Center for Student Involvement to verify my GPA if I am applying for a position within the fraternity/sorority system that requires a minimum grade point average.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Student ID Number

# STATEMENT AGAINST HAZING

Participation of students in hazing activities: any intentional or reckless act, on or off institutional property, by one student, acting alone or with others, which is directed against any other student, that endangers the mental or physical health or safety of that student, or which induces or coerces a student to endanger his or her mental or physical health or safety, and includes treatment of a violent, abusive, shameful, insulting or humiliating nature. Such an action is prohibited when connected with initiation into, affiliation with or continuing membership in a group or organization and does not include participation in customary athletic events or similar competition.

No student organization or individual shall engage in or condone any form of hazing. Hazing activity, which is in violation of any other institution or school regulations such as the misuse of alcohol, drugs, school property, etc. is strictly forbidden.

I have read the Barry University policy on hazing and agree that as a new/associate member I will not participate in any event or act that could be considered hazing. If I am asked to participate in any event that could be considered hazing, I agree to report it to the Center for Student Involvement within 24 hours.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature