Potsdam
STATE UNIVERSITY OF NEW YORK

GREEK LIFE AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

Name: _____ Pronouns: _____ D.O.B.: _____ Class Year: _____

Potsdam Email: _____ Phone Number: _____ Transfer student? _____

A student wishing to join a sorority/fraternity must:

- have a minimum of 12 semester hours completed post high school graduation (SUNY Potsdam, or transfer credits accepted by SUNY Potsdam),
- have a grade point average of at least 2.0 for the previous semester and as a cumulative grade point average *(note: some chapters have a higher standard than this)*,
- not be on Academic Warning or Probation,
- not be a CUSP student,
- **Alpha Kappa Phi/The Agonian Sorority:** Have a cumulative grade point average of at least 2.5, attend the Open House and Interest Party, and receive an invitation to, and attend, Final Tea of the house.
- **Sigma Alpha Iota Fraternity:** have a previous semester and cumulative grade point average of at least 2.5, have completed or be taking at least one music credit, complete the rush requirements as stated by the Vice President of Membership, and receive an invitation to, and attend, rose tea.

I, the undersigned, authorize SUNY Potsdam to release the following educational records and/or any information contained therein.

- Academic Record while enrolled at SUNY Potsdam

To:

- Coordinator of Greek Life at SUNY Potsdam
- Presidents of all Greek Chapters to determine my academic eligibility to accept a bid for membership
- Chapter President
- Chapter Academic Chair

For the purpose of:

- Determining academic eligibility to accept a bid and participate in SUNY Potsdam's Greek Life
- If inducted as a member, to continue the release of academic information to the Coordinator of Greek Life, Chapter President and/or Academic Chair while a member of SUNY Potsdam's Greek Life

I understand and acknowledge that:

(1) I have the right not to consent to the release of my education records.
(2) This consent shall remain in effect until revoked by me, in writing, and given to SUNY Potsdam, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.
(3) I understand that the records to be disclosed may include my social security number and other personally identifiable information. This information may not be redisclosed to others and will be destroyed as soon as all statistical analysis has been performed, or when the information is no longer needed, whichever date comes first.

Student Signature Date