

# LAFAYETTE

## FRATERNITY AND SORORITY LIFE

### 2016-2017 New Member Release Form

#### ACADEMICS

- I give my consent to the Lafayette College Office of Fraternity & Sorority Advising to release my educational records (grades) to my chapter for use in scholarship programs, advising and chapter averaging at any time during my membership in the chapter. I authorize this release for the 2016-2017 academic year or until I notify the Office of Fraternity and Sorority Life otherwise.

#### MEMBERSHIP

- I understand that, as an obligation of membership, I will be required to live in a Greek house, *through the completion of my senior year if necessary*.
- I understand that, as an obligation of membership, I will keep current with my financial obligations to Lafayette College and my fraternity.
- I understand that, as an obligation of membership, my actions reflect on my organization. As such, any disciplinary action taken against me by Lafayette College may be, if necessary, reported to my chapter for further disciplinary taken by my chapter's Standards Board.

#### HAZING

Lafayette College represents a place of high academic ideals and learning opportunities. The College unconditionally opposes any situation created, intentionally or not, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Freedom from the humiliation and danger of hazing is guaranteed to every student on this campus. Any violation of this guarantee should be reported immediately to the Office of Fraternity & Sorority Life or the Dean of Students Office.

As a member of a men's fraternal organization, I acknowledge my awareness of the position of the College, the Interfraternity Council and Panhellenic Council, and my fraternity/sorority regarding hazing and pledge to eliminate all forms of hazing practices within my chapter, as well as uphold all other rules and regulations of the College. Further, I acknowledge that, as a member of a Lafayette Men's Fraternity, I am subject to all Federal, State and governing council rules and policies, and that it is my responsibility as a member of the Fraternity & Sorority community to report violations of these policies and procedures to the proper authorities.

With my signature, I agree to the stipulations noted above.

**Print Name**

**Organization**

**Signature**

**Date**

**L Number (Student ID Number)**