

# LAFAYETTE

## FRATERNITY AND SORORITY LIFE

### ASSOCIATE MEMBER DEPLEDGING FORM

IT IS THE RESPONSIBILITY OF THE RECRUITMENT OFFICER TO INSTRUCT NEW MEMBER TO BRING THIS FORM TO FRATERNITY & SORORITY ADVISING.

**THIS FORM IS TO BE SIGNED AND DATED IN THE PRESENCE OF A REPRESENTATIVE FROM THE OFSL.**

I \_\_\_\_\_, HAVE DECIDED TO  
DISCONTINUE  
(PRINT YOUR FULL NAME CLEARLY)

MY PARTICIPATION IN THE NEW MEMBER ORIENTATION PROGRAM OF THE  
\_\_\_\_\_ CHAPTER OF  
\_\_\_\_\_ FRATERNITY/SORORITY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
L#

\_\_\_\_\_  
Date

*NOTE: IT IS THE RESPONSIBILITY OF THE PROSPECTIVE MEMBER TO COMPLETE ALL LOCALLY AND/OR NATIONALLY MANDATED REQUIREMENTS TO DISCONTINUE. THIS FORM SERVES AS OFFICIAL NOTIFICATION TO THE OFFICE OF FRATERNITY AND SORORITY LIFE. NOTIFICATION TO OFSL DOES NOT AND SHOULD NOT IMPLY NOTIFICATION TO THE CHAPTER OR INTERNATIONAL ORGANIZATION.*

*Fraternity/Sorosity New Member Educator Confirmation of Notice Given*

\_\_\_\_\_  
(Print Full Name Clearly)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
*SIGNATURE (New Member Educator)*

\_\_\_\_\_  
Date