Widener University

OFFICE OF STUDENT LIFE | FRATERNITY AND SORORITY LIFE
INFORMATION RELEASE CONSENT FORM

I authorize the Office of Student Life at Widener University to release my semester and cumulative grade point average, permanent address and phone number, semester hours/credits enrolled, and academic probation status to determine eligibility for membership, scholarship consideration, chapter standing, award recognition, and verification of minimum academic standards. I understand this information may be shared with University professional staff, Organization Executive Board Officers and Advisor(s), Governing Council Executive Board Officers, New Member Educator / Intake Coordinator, Academic Chair, Greek Honorary Society Officers, and Inter/National Headquarters Staff. I understand that my failure to meet academic qualifications will prevent me from participating in the new member education process. I understand this authorization shall remain in effect until I leave the University.

I authorize the Office of Student Life at Widener University to release my student conduct and behavioral records to determine eligibility for membership, scholarship consideration, chapter standing, and award recognition. I understand this information may be shared with University professional staff, Organization Executive Board Officers and Advisor(s), Governing Council Executive Board Officers, New Member Educator / Intake Coordinator, Academic Chair, Greek Honorary Society Officers, and Inter/National Headquarters Staff. I understand that my failure to disclose an accurate disciplinary record status or an active disciplinary probation status will prevent me from participating in the new member education process. I understand this authorization shall remain in effect until I leave the University.

Name of Chapter: _____ Semester & Year: _____

Printed Name	Signature	ID Number