

**Office of Student Life
Student Center, Suite 207
501-450-3137**

**Fraternity/Sorority
New Member Agreement Form**

Name (First, MI, Last) _____

Date of Birth _____ **Student ID #** _____

Fraternity/Sorority _____

Date Affiliated/Pledged _____ **Circle One:** New Member Active Transfer

Educational Records Release

The Family Educational Rights and Privacy Act of 1974 (“FERPA”) prohibits the release of personally identifiable information from your educational records without your written authorization. There are exceptions to this law for the following: 1) release of such information to certain University officials with a legitimate educational interest in the record, 2) the release of such information in response to a court order, health or safety emergency, or approved research project, or 3) the release of directory information, as defined in FERPA, which has not been previously restricted by the student.

Records to be disclosed: Enrollment status, semester and cumulative grade point average, student conduct records, disciplinary records, and any other records as authorized to the UCA Office of Student Life.

Parties to whom the records may be disclosed: Chapter Executive Officers, Chapter and/or Faculty Advisors, National Headquarters Staff, and the UCA Office of Student Life.

Public disclosure: The chapter’s cumulative and term average GPA may be disclosed to the public if the chapter membership has ten or more members.

Purpose of disclosure: For use in chapter statistics, chapter disciplinary action, educational programming, awards recognition, and verification of minimum academic standards.

Length of disclosure: This authorization shall remain in effect as long as I remain a member of the organization and I am enrolled at the University of Central Arkansas, unless I submit a written revocation of this authorization to the Office of Student Life.

I understand that by accepting membership in a fraternity/sorority and signing this new member agreement, I consent to the release of my educational records to the indicated parties.

(Continued on next page)

Greek Housing Statement of Financial Responsibility & Residency Requirement

Chapter housing can be an important aspect of the fraternity/sorority experience at the University of Central Arkansas. I acknowledge that if and when my organization participates in Greek Housing at UCA a Greek Parlor Fee will be added to my university bill for both the fall and spring terms. I further acknowledge that if my organization has a chapter house, I may be required to live in that facility.

I understand the Greek Parlor Fee will start the semester following initiation and will be added to my university bill as long as I am listed on the organization's roster.

I understand that my organization may require me to live in the house for at least one academic year.

Hazing Policy Compliance

Hazing has no place in our Greek community and each member has a responsibility to help ensure the health and safety of themselves and all others. Hazing is defined as any intentional action taken or situation created, whether on or off university property, to produce mental or physical discomfort, embarrassment, harassment, or ridicule.

I agree to the following:

I have received, read, and fully understand the UCA Hazing Policy and Arkansas Hazing Law.

I understand it is my right to receive, read, and fully understand the national hazing policy of the organization of which I am seeking membership.

I understand that hazing puts both myself, and my organization at risk and I agree to comply with these policies and to report any hazing of which I am aware.

I understand that hazing practices are not only harmful, but also have no place in Greek letter organizations. I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any fellow members.

I pledge that I will work to eliminate all forms of hazing practices found within my fraternity/sorority chapter, as well as to uphold all other rules and regulations of the university.

Member Signature

Date

Member Printed Name