



Office of Fraternity and Sorority Life @ NJIT

**Potential New Member Grade Release Form**

As a potential member for a chapter in one of the NJIT and IFSC recognized social Greek Letter Fraternities or Sororities, I wish to waive my rights granted to me by the Family Education Rights and Privacy Act of 1974 (FERPA). I permit NJIT to release academic information (semester GPA, cumulative GPA, semester units and total units)about me to the appropriate officials (Greek Advisor, executive board, chapter advisors, inter/national headquarters staff) of the fraternity or sorority I am considering affiliating with and ultimately may choose to join. My signature below confirms this.

I understand that this is for the purpose of determining my eligibility to be invited to join a social fraternity or sorority on the NJIT campus. I also understand that this information will not be released to a third party.

I understand that I can void this authorization for release of information at any time by submitting my request in writing to the Campus Center Staff member in charge of Advising Fraternities and Sororities, Thea Zunick.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizations I am considering joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date