



NORTHERN ILLINOIS UNIVERSITY

Student Involvement & Leadership Development

Division of Student Affairs

**PROSPECTIVE MEMBERSHIP FORM
MEMBER ACADEMIC RELEASE &
ANTI-HAZING FORM**

Student Involvement and Leadership Development
Campus Life Building, Suite 150
815-753-1421
Student Affairs
Northern Illinois University

Students' Full Name: _____

Z- ID: _____ Date of Birth: _____

Organization: _____ Semester: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

ACADEMIC RELEASE AUTHORIZATION

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), Northern Illinois University prohibits the release of personally identifiable information from the educational records of students without their prior written authorization. Exceptions to this policy are limited to a) release of such information to a specified list of officials with a legitimate educational interest in the record, b) the release of such information in response to a court order, health or safety emergency, or approved research project, or c) the release of public Directory Information which has not been previously restricted by the student. I hereby consent to the release of my enrollment status and grade point averages (cumulative and previous semesters) to the chapter president, scholarship chair, chapter advisor, and inter/national headquarters staff. The purpose of this disclosure is to verify eligibility for membership, verification of achievement of the chapter's minimum academic standards, awards recognition, and for use in chapter scholarship programming. This authorization shall remain in effect as long as I remain a member of the fraternity/sorority and am enrolled at Northern Illinois University, unless I submit written revocation of this authorization to Student Involvement & Leadership Development, Fraternity & Sorority Life. I authorize the release of my grades to Student Involvement & Leadership Development, Fraternity & Sorority Life, to my chapter at Northern Illinois University, to the chapter advisor and to inter/national fraternity or sorority headquarters.

By my signature, I grant permission for the release of my academic records to those stated above while I am a member or potential new member of a fraternity or sorority at Northern Illinois University.

Signature: _____ Date _____

Northern Illinois University and the Interfraternity/Panhellenic/National Pan-Hellenic/United Greek Councils are unconditionally opposed to any situation created to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Freedom from the humiliation and danger of hazing is guaranteed to every student in the Northern Illinois University community.

NORTHERN ILLINOIS UNIVERSITY'S ANTI-HAZING STATEMENT

Acts of hazing include participation in any act or activity by an organization or group or by a member of the organization or group in which a member(s) or prospective member(s) may be subjected to an activity that might cause or create a substantial risk to one's physical or mental health. Hazing includes any act or activity that might cause but is not limited to the following: fear or intimidation; embarrassment or ridicule, physical exhaustion, endangerment, harm, mutilation, or alteration of any part(s) of the body; mental fatigue, harassment, or duress; and defacement, damage, or destruction of property. The intent of the act or the consent or the cooperation of the hazing recipient shall not constitute a defense of hazing. The University or the hazing recipient may charge an individual and/or the Recognized Student Organization with responsibility for the hazing act(s) committed either on or off campus. My signature indicates that I hereby consent to abide by the Anti-Hazing Statement above.

Signature: _____ Date _____

Return to:
Student Involvement and Leadership Development, Fraternity & Sorority Life
Campus Life Building, Suite 150 DeKalb, IL 60115