

**University of Iowa
Multicultural Greek Council
Informational/Interest Meeting Grade Release Form**

Organization & Chapter Name: _____ Date: _____

I hereby authorize the University Registrar to release specific education record information to Fraternity and Sorority Life, my chapter, and my Inter/National organization, including number of hours earned each semester, date of birth, mid-semester D/F class grade reports, semester grade point average, cumulative grade point average, and any academic honors. The Registrar will not identify classes taken by course name or identify individual class grades, except for mid-semester D/F class grade reports. In publicizing any academic achievements or leadership achievements I earn, I authorize FSL to disclose my chapter membership along with my education record information to the general public. Furthermore, I permit the Office of the Dean of Students to release public crime record information to FSL, my chapter, and my Inter/National organization. I understand that I may revoke this release at any time by writing to FSL. The purpose for this release is to verify with my fraternity/sorority my eligibility for membership and to aid scholarship program development. FSL calculates fraternity and sorority grade point averages using individual member semester grade point averages. Chapter grade point averages are released to the public without individual members identified and without individual grade point averages identified. The citation/arrest information on individual members is distributed to my chapter in order to aid in membership development and accountability. When chapter citation/arrest rates are released to the public, individual students will not be identified. FSL will maintain my semester and cumulative grade average information and any public crime record information on file for two years after separation from the University. While on file, the information will be released only to my fraternity/sorority president, current chapter advisor, and Inter/National organization. My fraternity/sorority president or FSL may disseminate the information to appropriate local chapter officers and Inter/National and regional representatives as needed.

Number of Aspirants	Aspirant's Name (Please print neatly)	Signature:	UI Hawk ID (Please print neatly)
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**University of Iowa
Multicultural Greek Council
Informational/Interest Meeting Hazing Policy Notification Form**

Organization & Chapter Name: _____ Date: _____

***Policy:** Hazing is prohibited. Physical hazing violates statutes of the State of Iowa. Any member and/or group failing to comply with this policy is subject to disciplinary action. This policy pertains to all pledges, active, and alumni members of the fraternity, sorority, or other organizations. For purposes of this policy, hazing is defined as any individual or organization who, in the course of another person's initiation into or affiliation with any organization, intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person.*

Number of Aspirants	Aspirant's Name (Please print neatly)	Signature:	UI Hawk ID (Please print neatly)
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