



WRITTEN CONSENT FOR DISCLOSURE BY OFFICE OF FRATERNITY & SORORITY LIFE

I, the Student identified below, hereby authorize the University of Idaho Office of Fraternity and Sorority Life and/or the University of Idaho Office of the Dean of Students to release the information from my education records identified below to the _____

_____ (name of fraternity or sorority),

including any representatives, agents, or employees of the local chapter and national organization, for the fraternity/sorority to assess my eligibility for membership; to determine each semester's academic average for the organization; assess my academic standing and support plan within the chapter; assess my potential membership in Greek honor societies; and/or to determine eligibility for any scholarships available through the organization. I understand that by signing this written consent, I am waiving my right to keep the information contained in my full educational record (including conduct history) confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand that this consent for disclosure can be revoked by me in writing at any time by submitting a new form to fsl@uidaho.edu and checking the box below and will be effective from the date it is received. This consent shall remain valid while I am an undergraduate member of the fraternity/sorority, unless earlier revoked by me.

- I wish to revoke any prior consent provided to the Office of Fraternity and Sorority Life and/or Office of the Dean of Students

Student:

First Name Middle Name Last Name Student ID #

Signature Date