Student Engagement
SOUTHEASTERN LOUISIANA UNIVERSITY

Initiation Verification Form

Semester Spring **Year**: 2023

This form is due ***within one (1) week following the completion of your chapter's initiation process.***

Chapter/Organization: Alpha Kappa Alpha **Submission Date:** _____

Your signature on the document below means you will be added to the above-mentioned chapter's roster, and that you agree to the following:

- **Academic Release** - I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit Southeastern Louisiana University to release academic information about me to my respective Fraternity/Sorority, my respective organization national/headquarters office, Southeastern Louisiana University awards committee, or any other designated party with a legitimate educational interest. I understand that this waiver will be in effect until I notify the Office for Student Engagement that I no longer wish to allow such information to be released.
- **Housing** - I acknowledge that I will be charged a non-refundable parlor fee if my fraternity/sorority has a house in the Greek Village. The parlor fee will be applied regardless of personal place of residency. I further acknowledge that I am responsible for ensuring my respective organization updates my membership status with the Office for Student Engagement.
- **Enrollment Requirement** - I must be enrolled and continue to be enrolled as a full-time student and meet all minimum grade point average requirements in order to be initiated.

First and Last Name	W#	Signature	Date

Chapter President's Signature: _____ Date: _____

Chapter Advisor's Signature: _____ Date: _____

Assistant Director of Fraternity and Sorority Life: _____ Date: _____

Director of Student Engagement: _____ Date: _____