



**Fraternity and Sorority Life Official Membership Roster and Acknowledgement**

**Semester**       **Fall**       **Spring**      **Year:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

Please type in the legal first and last name, and student w# of your members **alphabetically by last name**. Then, have each member sign and date next to his/her/their name. Forms should be submitted to the Office for Student Engagement by the designated deadline of each semester.

By signing this document, you agree to the following

- Chapter Hazing and Alcohol Statement - The members of \_\_\_\_\_ Fraternity/Sorority, have been informed of Southeastern Louisiana University’s Policies on Hazing and Alcohol, and have each received a copy for personal reference. By my signature, I hereby acknowledge and understand what hazing is according to the University’s definition. I understand the University’s policy on alcohol. I pledge to abide by the rules and regulations outlined in these policies.
- 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 Sorority/Fraternity, respective organization national 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 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.

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# Student Engagement

SOUTHEASTERN LOUISIANA UNIVERSITY

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# Student Engagement

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Chapter President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator of Fraternity and Sorority Life: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Engagement: \_\_\_\_\_ Date: \_\_\_\_\_