

University of South Carolina Aiken
Interfraternity Council
Eligibility Release Form

Name: _____

VIP ID#: _____

Local Address: _____

Local Telephone: _____

Permanent Home Address: _____

Home Telephone: _____

-I consent to have my student records released to the Office of Greek Life at University of South Carolina Aiken, and to the fraternity/sorority that I wish to join, for purpose of record keeping, and verification. This authorization will cover the entire period of time I am enrolled at University of South Carolina Aiken.

-I have also read and understand the Hazing Policy of University of South Carolina Aiken and will abide by it to the fullest.

Signature _____ Date _____

Organization _____

This form must be signed by each new member of your organization. It must be returned to the Greek Life Advisor by the end of the next business day following the acceptance of the invitation to join the organization (5pm).