

**University of South Carolina Aiken**  
**National Pan-Hellenic 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 potential new member of your organization attending your first informational event and returned to the Greek Life Advisor by the end of the next business day following the event (5pm).**