

UC SAN DIEGO GREEK LIFE

NEW MEMBER DATA SHEET

Full Name

Sorority/Fraternity Name

PID #

Qtr./Yr. Pledged

Phone Number & Email

Federal and state privacy regulations prohibit the release of personally identifiable information from student records without the student's written consent in accordance with FERPA.

Your signature below authorizes the Office of the Registrar at UCSD to release a copy of your quarterly transcript, all the information contained herein, and enrollment status, to the Assistant Vice Chancellor of Student Life or his/her designee, the Center for Student Involvement Greek Life staff, and the president and/or designated officer(s) of your organization, for as many quarters as you are associated with the organization requiring this information for membership.

You may reverse this permission at any time by a written request to the Greek Life office. Please be advised that if you restrict release of this required information your official membership in the organization may be at risk.

Student Signature

Date _____

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