Full Name: ____________________________
(Please print legibly.)

University ID Number: ____________________________

Fraternity/Sorority Name: ____________________________

Semester/Year You Accepted Your Bid: ____________________________
(Ex. Fall 2014)

I hereby authorize the following actions associated with my personal student academic records:

**ACADEMIC RECORDS**
I hereby authorize Student Involvement to monitor my academic progress on a regular basis for the purpose of scholarship research and to determine eligibility for activities related to my fraternity/sorority membership.

I authorize the disclosure of my mid-term, semester and/or cumulative grades or other academic conduct records to the president, scholarship officer and/or standards officer of my chapter or any similarly situated individual, upon their request, or as Student Involvement deems appropriate for the purpose of publicly recognizing my academic performance, determining my eligibility for fraternity/sorority-related participation, and other purposes or public or non-public disclosures deemed necessary or desired by Student Involvement or my fraternity or sorority.

**GENERAL**
I understand that the permission granted by my signature on this document remains in effect for the duration of my tenure as an undergraduate student at the University of Wisconsin-Milwaukee or until I revoke such authorization by written request to Student Involvement. I acknowledge my awareness of my rights under the Family Educational Rights & Privacy Act (FERPA) and agree to a waiver of such rights as set forth herein.

Signature: ____________________________

Date: ____________________________