

Member Name: _____ Date: _____ UM 790#: _____

Grade, University of Montana (UM) Registration, and Credit Hour Release:

This document constitutes Consent to obtain and release my grades, UM registration, and credit hour information. It is understood that by signing below, I agree that UM through the Fraternity & Sorority Involvement (FSI) staff may obtain my grades, UM Registration, and credit hour information directly from the university and in turn release this information in accordance with this Consent. I further agree that UM through FSI may discuss this information with the Authorized Recipients. This Consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g. I specifically authorize and Consent to the release of this information to the President of my fraternity or sorority, council, and/or inter/national organization for the purpose of determining my membership status and overall chapter academic success. I acknowledge that this Consent is valid unless I revoke it in writing and present it to Fraternity & Sorority Involvement. Finally, by signing this document, I attest that I am enrolled in at least one credit hour at University of Montana. I am also acknowledging my understanding that if at any time, I choose not to release grades, as stated above, I must submit my written request to the Office of Fraternity & Sorority Involvement.

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Write the numbers in the boxes at the top and circle the corresponding numbers.

Standard Photo Release:

Additionally, by signing this form I also grant permission to FSI, on behalf of UM, to use photographs taken of me during UM events for use in university publications, websites or other electronic forms or media, and to offer the photographs for use or distribution to other university departments, without notifying me. I waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown and I waive any rights to royalties or other compensation arising from or related to the use of the photographs. Also, I agree to release and hold harmless the Montana Board of Regents, on behalf of University of Montana, from and against any claims, damages or liability arising from or related to the use of these photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

Acknowledgment of University Policies:

Further, by signing this form I acknowledge the UM Student Code of Conduct and any other policy pertaining to individual students, registered student organizations, my chapter, and my council. This includes, but is not limited to the Fraternity and Sorority Mutual Relationship Agreement with the FSI office.

Incomplete forms will not be accepted.*

Organization: _____ Member Email: _____

Mailing Address _____ Member Cell # _____
 *(optional): _____ *(optional): _____

Signatures

(members under the age of 18, must have the form signed by a parent/guardian)

Member: _____ Date: _____

IMPORTANT: Form is due to the Office of Fraternity & Sorority Involvement by Nov 30th 2017.

Office Use Only:

Collected By: _____ Date: _____