

## AFFILIATE ROSTER ADDITION & GRADE RELEASE FORM

To add an Affiliate/Transfer student to the official chapter roster at anytime during the year. (Only initiated members should be added using this form)

Full Name: \_\_\_\_\_ OU ID # \_\_\_\_\_  
First Last

Phone Number: \_\_\_\_\_ Sorority Organization: \_\_\_\_\_

Initiating Chapter & University: \_\_\_\_\_

### ACADEMIC AND GRADE RELEASE

I give permission to the University of Oklahoma Fraternity and Sorority Student Life and the officers and advisers of the fraternity/sorority I join, to have access to my education records protected by the Family Educational Rights and Privacy Act of 1974 (FERPA) for the purpose of compiling aggregate scholarship rankings, grade point averages, and for my fraternity/sorority to use for scholastic programming and membership requirements. This permission is granted during the time I am a student at the University of Oklahoma, and I am associated with my fraternity/sorority as a new member, active member, or transfer/affiliate. I understand that I can revoke this consent in writing at any time by contacting Fraternity and Sorority Programs and Services to [fsps@ou.edu](mailto:fsps@ou.edu).

I grant permission to the OU Office of Student Life (Fraternity and Sorority Programs and Services) and the officers and advisors of the fraternity/sorority group I join to have access to my FERPA-protected education records for the purpose of compiling aggregate scholarship rankings and grade point averages and for the purpose of scholastic programming and membership requirements. I understand that this permission will be ongoing during the time I am a student at OU and remain a member of my fraternity/sorority unless I provide written revocation of my consent to Fraternity and Sorority Programs and Services to [fsps@ou.edu](mailto:fsps@ou.edu).

### OU STUDENT CODE AND UNIVERSITY POLICIES COMPLIANCE STATEMENT

I understand that my actions and conduct as a student at the University of Oklahoma are governed by the Student Rights and Responsibilities Code of Conduct and University policies and that any violation may result not only in charges being filed against me, but also against my fraternity/sorority. The Student Rights and Responsibilities Code of Conduct can be found at [www.ou.edu/studentconduct](http://www.ou.edu/studentconduct). Moreover, I hereby authorize the release of my student conduct information (including violations and outcomes) contained in my disciplinary record to my fraternity/sorority, chapter president, standards/accountability officer, chapter advisor(s), and the University of Oklahoma Student Affairs for the purpose of awards, recognition, and educational needs. This authorization shall remain effective as long as I am enrolled at the University and am affiliated with this chapter (unless rescinded by me in writing). I understand that this authorization allows release of information that may be protected by FERPA.

### HAZING POLICY COMPLIANCE STATEMENT

As a new member or member of a fraternity/sorority, I understand and have read the regulations governing the conduct of all students and student organizations at the University of Oklahoma. All organizations at the University must abide by the regulations and laws pertaining to hazing as stated in the OU Student Rights and Responsibilities Code of Conduct Title 16 §§ 3, 13 & 21; Oklahoma State Statutes, Title 21 § 1190; and your fraternity/sorority inter/national policies. I verify that I have read the applicable documents, which are the University of Oklahoma Student Code of Responsibilities and Conduct – Title 16 §§ 3, 13 and 21 and Title 21, Oklahoma Statutes § 1190. I understand that I am required to report any violation of these regulations or the Student Rights and Responsibilities Code to Fraternity and Sorority Programs and Services in Student Life.

### TALENT RELEASE

For the consideration received, including but not limited to publicity, the adequacy of which is hereby acknowledged, I hereby grant to the Board of Regents, their successors and assigns, and those acting under their permission, or upon their authority, or those by whom they are commissioned: (1) The unqualified right and permission to reproduce, copyright, publish, circulate and otherwise use photographs and/or motion pictures of me, and voice reproduction, whether taken in a studio or elsewhere, in black-and-white or in colors, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world including posting on social media sites such as YouTube. I hereby waive the opportunity or right to inspect or approve the finished photographs, films or tapes or the use to which it may be put or the copy or illustrations used in connection therewith. This authorization covers composite, stunt, comic, freak or any unusual photograph and/or motion picture, or voice reproduction, caused by optical illusion, distortion, alteration or made by retouching or by using parts of several photographs or by any other method. All such use shall be for the purpose of promoting, supporting or otherwise furthering the mission of the University. (2) All my right, title and interest in and to all negatives, prints, tapes, and reproductions thereof, and I do hereby release the aforesaid parties and their successors and assigns, if any, from any and all rights, claims, demands, actions or suits which I may or can have against them on account of the use of publication of said photograph and/or motion pictures or tapes. I have read and understood the release stated above and do hereby agree to its terms and conditions. (3) I acknowledge that photos of me that contain personally identifiable information constitute an educational record under the Family Educational Rights and Privacy Act (FERPA), and I agree that by signing this acceptance form, I consent to those education records being shared for the purposes listed above. I understand I may revoke this Consent at any time by providing my written revocation to Fraternity and Sorority Programs and Services ([fsps@ou.edu](mailto:fsps@ou.edu)). My revocation does not apply to information already retained, used, or disclosed in response to this Consent.

\_\_\_\_\_  
Affiliate Signature

\_\_\_\_\_  
Date

***The student listed above has been extended to join our chapter at the University of Oklahoma.***

\_\_\_\_\_  
Signature and Title of Chapter Officer

\_\_\_\_\_  
Date