

**\*\*\*THE INFORMATION PROVIDED SUPERCEDES ANY INFORMATION\*\*\***

TODAY'S DATE \_\_\_\_\_ Fraternity/Sorority Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

**SAN JOSE STATE UNIVERSITY FRATERNITY AND SORORITY LIFE  
MEMBERSHIP/SCHOLARSHIP VERIFICATION  
FORM F- CHANGES TO THIS SEMESTER'S ROSTER**

Form F is to be used to make adjustments to your roster sheets and your computer printout sheet **AFTER** the \_\_\_\_/\_\_\_\_/\_\_\_\_ deadline. Form F is the only form which can add or delete members to your roster after (Date) \_\_\_\_\_. Please list all members/new members who are no longer part of the chapter. Return to Student Involvement. **This form is due within seven (7) days of the member's status change.**

Indicate the reason for removal using the following code:

1. New Member/Associate Resigned or De-activated
2. New Member/Associate Released by Chapter
3. Member Resigned
4. Member Suspended/Expelled
5. No Longer Enrolled at University
6. Member Graduated
7. Member is Alumni Status, but still enrolled in school. This means that the member has been a DUES PAYING, ACTIVE member of the chapter for no less than **8 semesters**. ANY OTHER ALUMNI STATUS MUST be signed by your chapter advisor and will be verified with your national staff before removal from your roster.
8. Member has been granted temporary special status BY YOUR NATIONAL HEADQUARTERS. All special status members MUST be signed by your chapter advisor and will be verified with your national staff before removal.
9. Initiate Member/Add—Signature Required

**(#9 only) In signing below**, I hereby give my permission to Student Involvement to release my scholarship information to the Scholarship Chairperson of my Sorority/Fraternity, the IFC/PHC/USFC Scholarship Chairperson and Awards Chairperson, the Order of Omega President, Chapter President, Chapter and Scholarship Advisor, Coordinator and Assistant Director of Fraternity and Sorority Life and National Officers each semester I am a member. It is my understanding that this information will be used within my sorority/fraternity and will remain in care of the Scholarship Chairperson, Chapter President, Scholarship Advisor and National Organization for official use. I wish to waive my rights granted by the Family Educational Rights and Privacy Act of 1974 and permit San Jose State University to release academic information about me to my sorority/fraternity. I understand that this waiver will be in effect until I notify the Office of Student Involvement that I am no longer an active member of my chapter.

Last Name	First Name	SJSU ID #	Code	Signature (#7, #8, #9 ONLY)



