

# ACTIVE MEMBERSHIP AGREEMENT FORM

*THE ACTIVE MEMBERSHIP AGREEMENT FORM IS A REQUIRED FORM. EACH ACTIVE MEMBER IS REQUIRED TO READ AND SIGN AN AGREEMENT FORM.*

**FRATERNITY/SORORITY:** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

In signing below, I understand the terms, conditions, and expectations set forth in: my respective Governing Council’s Bylaws, Student Involvement Greek Management Manual, Student Involvement Recognized Student Organization (RSO) Handbook, Student Organization Code of Conduct, and Student Conduct Code. Further, I acknowledge that these policies apply to me, and I can be held accountable for any possible violations.

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. Because of your participation in a Student Organization with an (inter)national organizational structure and/or governing body, it is necessary for the University to secure your consent to release records relating to said membership to that (inter)national organizational structure and/or governing body. I hereby give my consent for the office of Student Involvement to provide the (inter)national organizational structure and/or governing body of my student organization access to my education records but only to the extent these records relate to establishing my eligibility for membership, conducting semesterly chapter and community grade reports, and/or when alleged misconduct occurs by me while engaging in activities relating to this student organization. I understand this consent will remain in effect until August 31, 2023.

Furthermore, I give Student Conduct & Ethical Development consent to release my conduct records to the Associate Director, or if unavailable, the Director and Student Engagement Coordinator within Student Involvement at San José State University. Furthermore, you agree that an authorized agent within Student Involvement may determine your membership eligibility as contained in your academic records.

I understand and acknowledge that: (1) I have the right not to consent to the release of information contained in my education records and (2) this consent is of limited duration and may be revoked by me at any time via a writing request, but any such a revocation shall not affect disclosures made prior to the receipt of the written revocation.

**Student ID Number:** \_\_\_\_\_

**Printed Full Name (First Name & Last Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_