

## F.E.R.P.A/Hazing/Conduct Release

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

UTK NetID: \_\_\_\_\_

Sorority/Fraternity Name: \_\_\_\_\_

### Grade Release Policy

I understand that by signing this form I authorize the Office of Sorority & Fraternity Life to review my academic transcript and to release my GPA to my fraternity's chapter president, board of advisors, or (inter)national office until the conclusion of my enrollment at the University of Tennessee.

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

### Hazing/Conduct Policy

Under Tennessee Law, "hazing" is a crime and is likewise a violation of the UT (Knoxville) Code of Student Conduct. All UTK Student Conduct policies and procedures can be found in *Hilltopics*, the UTK Student Handbook. *Hilltopics* can be accessed online or a hard copy may be obtained from the Office of Sorority & Fraternity Life. Hazing means any intentional or reckless act, on or off University property, by one student, acting alone or with others, which is directed against any other student, that endangers the mental or physical health or safety of that student, or which induces or coerces a student to endanger his or her mental or physical health or safety; prohibited conduct is limited to actions taken and situations created in connection with initiation into or affiliation with any organization. Furthermore, I am aware that as a UTK student, I am responsible for all policies within *Hilltopics*, as outlined by the Office of Student Conduct & Community Standards.

***All hazing should be immediately reported. Participants, accomplices, bystanders, and victims of hazing could all be named in a lawsuit involving any type of hazing activity.***

By signing this agreement, I acknowledge that I have read and understand the University Policy on Hazing and *Hilltopics*. I agree to abide by it and any additional regulations governing hazing established by policies of the governing organization of my sorority/fraternity and/or the respective sorority/fraternity council. I also authorize the Office of Sorority & Fraternity Life to release information pertinent to the violation of any standards to the chapter president, board of advisors, or (inter)national office.

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