

THE UNIVERSITY OF
TEXAS
AT AUSTIN

RELEASE OF INFORMATION

Name (*print*) _____

Council _____ Sorority/Fraternity Name _____

GRADE RELEASE

I hereby authorize The University of Texas at Austin's Office of the Dean of Students to determine my eligibility for certain qualifications (new membership, awards/probation, initiation, officer elections, voting privileges, etc.). This information may be released upon request by any of the following parties: the chapter president, advisor, scholarship chair or any other agent that any of these parties deem to be appropriate. Unless I personally revoke the agreement in writing at the Office of the Dean of Students, I understand this agreement will be binding during my entire undergraduate affiliation.

The information provided is accurate to the best of my knowledge.

Signature

Date

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THE UNIVERSITY OF TEXAS AT AUSTIN TALENT RELEASE FORM

For valuable consideration, I do hereby authorize The University of Texas, and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which The University of Texas, and those acting pursuant to its authority, deem appropriate.

Name: _____

Address: _____

Phone: _____

Signature: _____

Witness Signature: _____

Parent/Guardian Signature (if under 18): _____