



**STUDENT ORGANIZATION/STUDENT EMPLOYMENT
VOLUNTARY AUTHORIZATION FOR EDUCATION RECORD
DISCLOSURE: EAST CAROLINA UNIVERISTY**

PRINT Full Legal Name (First, Middle and Last) _____

Organization: _____

Banner ID #: _____ **E-mail** _____

I accept an invitation to join to the organization named above. I understand that to join I must be regularly enrolled at East Carolina University and must be in good academic standing (not on academic probation at ECU).

I hereby consent to the release of my enrollment status, grade point averages (cumulative and previous semesters) and judicial records to the office requesting this information and the individuals listed below.

The purpose of this disclosure is to verify eligibility for membership, behavior standards, awards recognition, and for use in organization programming.

This authorization shall remain in effect as long as I remain a member of the student organization and am enrolled at East Carolina University, unless I submit written revocation of this authorization to the _____.

Campus Office

Signature _____ **Date** _____