

# Fraternity & Sorority Life Bid Acceptance Form

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

Campus Address: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

Campus Email Address: \_\_\_\_\_

By signing this Acceptance Form, I understand and agree to the following conditions:

1. I accept the invitation of \_\_\_\_\_ to join its chapter at Clarion University. (Name of Chapter)
2. By signing this form, I understand that my signature represents my consent to the disclosure of my educational records to authorized representatives of Fraternity & Sorority Life for the purposes of determining my initial eligibility for and continued membership in the above named recognized student organization, as well as for determining my eligibility for any academic scholarships or awards relating to my membership in said organization. Finally, I authorize Fraternity & Sorority Life to disclose this information to the local organization's leadership, advisor(s), alumni group, and/or the organization's national/international staff and/or volunteers, where applicable, for the purposes listed above. This authorization is valid as long as I am enrolled at Clarion University and assert association with said organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attest: \_\_\_\_\_  
(Signature of Witness)

This agreement must be filed with Fraternity & Sorority Life ([iwolbert@clarion.edu](mailto:iwolbert@clarion.edu)) within 24 hours of the above date.

Revised: 10/05/2021