

Office of Fraternity & Sorority Life Self-Termination Notification

Last Name	First Name	Student ID#
I,association with	, on m	y own accord, am choosing to terminate my
	I un	derstand that effective immediately, the Office
•	rority Life will remove my name fileges or responsibilities associated	from the organization's roster and I will no d with that organization.
Family Educational	Rights and Privacy Act of 1974. 1	g the waiver of my rights granted by the I wish that my personal information no longer
shared with		
Student; Signature		Date
Coordinator for Fra	ternity and Sorority Life; Signatur	Date



Office of Fraternity & Sorority Life Presidential Termination Notification

Terminated Member		
Last Name	First Name	Student ID#
As President of		, I am notifying the Coordinator of
Fraternity and Sorority	Life of the change to our roster:	
Effective immediately		has been terminated from
responsibilities related	n needs to be removed from our to our group revoked. The orga	roster and have all privileges and unization has voted to remove this person by uination are:
1		
	lerstand that it is the responsibili	ty of the organization to inform the student
140		
President; Signature		Date
Executive board Membe	r; Signature	Date
Coordinator for Fraterni	ty and Sorority Life; Signature	Date