

## Greek Life Recruitment Consent Form

To the Greek Life,

I, the parent or legal guardian of \_\_\_\_\_, authorize her to participate in the Greek Life Recruitment process at Fairmont State University and Pierpont Community and Technical College. In doing so, I authorize her/him to sign a sorority/fraternity preference contract, bid card, and accept any membership offer from the chapter which extends it.

I understand that after the Recruitment process at Fairmont State University and Pierpont Community and Technical College, which will be completed on February 10<sup>th</sup>, 2017, it will be the responsibility of her/him individual sorority to receive my authorization for her/him participation in any/all activities.

\_\_\_\_\_

(Print Name of Student)

\_\_\_\_\_

(Student's Date of Birth)

\_\_\_\_\_

(Print Name of Parent/Legal Guardian)

\_\_\_\_\_

(Parent/Legal Guardian Phone)

\_\_\_\_\_

(Signature of Parent/Legal Guardian)

\_\_\_\_\_

(Date)

Please return this form to:

Greek Life Office

Fairmont State University

Colebank 318

Alexpetry17@gmail.com