



Greek Life Recruitment Consent Form

To the office of Greek Life at Fairmont State University,

I, the parent or legal guardian of _____, authorize them to participate in the Greek Life Recruitment process at Fairmont State University. In doing so, I authorize them 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, it will be the responsibility of their individual sorority to receive my authorization for their 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 315
Evan.Fossen@fairmontstate.edu