

IFC Bid Acceptance Form

Name: _____

Campus Address: _____

Campus Phone Number: _____

Email Address: _____

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

1. I accept the invitation of _____ to pledge its chapter at Clarion University. (Name of IFC Member Group)
2. By signing this form, I understand that my signature represents my consent to the disclosure of my student records to authorized representatives of the Office of Campus 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 the Office of Campus 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 in the Office of Campus Life (Room 251) within 24 hours of the above date.

Revised: 09/08/2008