



**OFFICE OF THE DEAN OF STUDENTS**

100 West Dean Keeton Street A5800 • Austin, TX 78712 • (512) 471-5017 • FAX (512) 471-7833  
deanofstudents.utexas.edu • deanofstudents@austin.utexas.edu

Name: \_\_\_\_\_ EID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization: \_\_\_\_\_ Chapter: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**ANTI-HAZING AGREEMENT AND  
AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS**

Hazing is against the law and university policy. The university is unconditionally opposed to any activities that involve hazing of any person. Hazing is defined as any intentional, knowing, or reckless act, occurring on or off the campus of an educational institution, by one person alone or acting with others, directed against a person, that endangers the mental or physical health or safety of a person for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in any organization. A person's consent to being hazed is not a defense to a charge of hazing. Any act of hazing should be reported immediately to the Office of the Dean of Students.

I acknowledge that both the university and the organization named above strictly prohibit hazing. I affirm that I will work to eliminate all forms of hazing found within my organization. I agree not to haze or be hazed; not to retaliate against any person for reporting hazing or being hazed; and not to plan or participate in rogue or non-sanctioned parties and events by members of the above-named organization.

By my signature, I authorize The University of Texas at Austin Office of the Registrar and the Office of the Dean of Students staff to provide copies of, or information from, my educational records to an authorized representative of the above-named organization or an authorized representative of the local and national chapters of the above-named organization, such as an advisor. The information is to be released for purposes of organizational eligibility and membership requirements. In addition, my discipline record may be shared with the above-named organization to verify that I comply with university policy as well as the standards of membership and the values the above-named organization espouses. I understand the information may be released orally or in the records released pursuant to this Authorization. I understand that this Authorization will be binding during my entire organizational affiliation unless I personally revoke it in writing to the Office of the Dean of Students.

The information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date