



# **HUSTON-TILLOTSON UNIVERSITY**

## **Information Release Form (Please Print)**

**Name** \_\_\_\_\_

**Organization** \_\_\_\_\_ **Chapter** \_\_\_\_\_

I hereby authorize the Office of the Dean of Student Affairs in conjunction with the Office of Campus Life and First Year Experience at Huston-Tillotson University to verify my eligibility or ineligibility for participation in the organization identified above.

I agree to allow this information to be released to the chapter president, advisor(s), and other authorized entities upon request or at the discretion of the Dean of Student Affairs and the Director of Campus Life and First Year Experience.

I understand that this agreement will be binding during my entire undergraduate affiliation unless I personally revoke it in writing to the Office of the Dean of Student Affairs and the Office of Campus Life and First Year Experience.

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

\_\_\_\_\_  
**Signature** **Date** **I.D.#**

Yvonne Ortiz-Prince, M.Ed.  
Dean of Student Affairs

Elizabeth Guillory Medina, Ph.D.  
Director of Campus Life and First Year Experience