



Sorority & Fraternity Life
Student Activities & Greek Affairs
6511 N. Sheridan Road | Chicago, Illinois 60626
p (773) 508-8850 | f (773) 508-2144
greeklife@luc.edu

Hazing Policy Compliance Form

As a sorority/fraternity community, it is imperative that we work together to prevent and stop hazing. Each prospective new member/candidate is required to complete this form as a condition of membership to confirm review of the Loyola Hazing Policy. This form must be completed and submitted to Student Activities & Greek Affairs prior to receiving an invitation to join a social fraternity or sorority.

Additional Hazing Prevention Resources can be found at HazingPrevention.Org.

Organization of interest: _____

Prospective new member/candidate information:

Last Name: _____ First Name: _____ Middle Initial: _____

Loyola ID#: _____

HAZING POLICY COMPLIANCE: Hazing is expressly prohibited by Illinois law (720 ILCS § 120) and the Community Standards of the University, and hazing of any kind is not tolerated at Loyola University of Chicago. This Hazing Policy applies to individual students as well as any student group or student organization, including but not limited to sororities, fraternities, club sports teams and NCAA athletic teams. Hazing of any kind is a violation of this Policy and is expressly prohibited. Acts of hazing may include but are not limited to the following:

- All forms of strenuous physical activity that might reasonably endanger the health or safety of an individual and that is not part of an organized voluntary athletic contest or specifically directed toward constructive work;
- Paddling, beating, pushing, or otherwise permitting anyone to strike an individual;
- Activities that interfere with an individual's academic effort by causing an unreasonable loss of sleep or study time (associate or new initiate activities may not exceed four hours in one day or 15 hours in one school week);
- Forcing or coercing an individual to eat or drink any substance;
- Abductions, road trips, etc., that are conducted in a manner which might reasonably endanger the health or safety of an individual;
- Subjecting an individual to cruel psychological conditions;
- Behavior that disrupts the normal functioning or living environment of the University;
- Servitude of any kind;
- Any requirement that forces an individual to participate in any activity which is illegal, indecent, morally degrading, or contrary to the Community Standards of the University.

In response to allegations of hazing, it is not a defense that:

- The victim gave consent to the conduct;
- The conduct was not part of an official organizational event or sanctioned or approved by the organization;
- The conduct was not done as a condition of membership in the organization.

By signing this form, I acknowledge that I have read, understand, and agree to abide by Loyola University of Chicago's Hazing Policy.

Signature

Date



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Grade Release Form

Each prospective new member/candidate is required to complete this form as a condition of membership to confirm eligibility.

Students interested in joining a sorority or fraternity at Loyola University of Chicago must meet the following eligibility requirements:

- Be enrolled as a full-time undergraduate student
- Earn at least a 2.5 cumulative grade point average
- Earn a minimum of 12 credit hours at Loyola University of Chicago or transferred to Loyola University of Chicago with a minimum of 12 credit hours from another college or university (post high school graduation)
- Be in good disciplinary standing with the University (students actively on university or residence hall probation are not considered in good standing)

Organization of interest: _____

Prospective new member/candidate information:

Last Name: _____ First Name: _____ Middle Initial: _____

Loyola ID#: _____

I hereby consent to the release of the following information:

Records to be disclosed: Semester grade point average, cumulative grade point average, semester hours, credits enrolled, credits transferred, good standing status.

Parties to whom records may be disclosed: Chapter President, Chapter and Faculty Advisor of the organization, Inter/National Sorority/Fraternity Headquarters Staff, Loyola Student Activities and Greek Affairs Full-time Staff and Graduate Assistants.

Purpose and Length of Disclosure: For use in Chapter scholarship and general statistics, award recognition, and verification of minimum academic standards and University enrollment. This authorization and consent shall remain in effect as long as I remain an aspirant/member of the organization and am enrolled at Loyola University of Chicago.

By signing this form, I acknowledge that I have read, understand, and agree to the release of information as specified in Loyola University of Chicago's Grade Release Terms above.

Signature

Date

This form is double sided. Please complete both sides.