

**Fraternity Exterior Door Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been given permission/access to the entrance of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fraternity house because I have either become a new member of the fraternity house or I have been exempted from living in the fraternity house. I have been given this permission to allow me access to the building for the meetings and chapter functions for the remainder of the 2019-2020 academic year.

I understand that my access is only for my personal entrance into the fraternity house. I will not allow another person to use my ID card as access to the fraternity house. I also understand that I am responsible for the person, student or non-student, who I provide entrance to the fraternity house as my guest and I am responsible for escorting them at all times and making sure the non-residents of the fraternity house are escorted out of the fraternity at the conclusion of my visit.

I understand the following:

* I am responsible for my actions and all actions of guests that I escort into the fraternity house. I understand the policies that are stated in the Albion College Student Handbook.
* If I discontinue my membership with the fraternity, I will contact the Residential Life Office and Campus Programs and Organizations Office immediately.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature Student ID Number Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fraternity President Signature Date

**Please return this form to the Campus Programs and Organization Office, 3rd Floor Kellogg Center**

Assistant Director for Greek Life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Residential Life Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_