



**The Office of Student Engagement
Anti-Hazing Registration Form**

NAME: _____ A#: _____

CELL PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

MAJOR: _____ EXPECTED GRADUATION DATE: _____

Alcorn Agreement Waiver

I, _____, hereby authorize and consent to the release of my records, which shall include my GPA, Major, Confirmation of Enrollment, Contact Information, and Judicial Status to Alcorn State University for the purpose of verifying my eligibility for Membership Intake.

SIGNATURE: _____ DATE: _____

Departmental Use Only:

Registration (Non Refundable): \$25.00	Paid: _____	Balance due: _____
Received by: _____	Date: _____	