



Office of Greek Life Programs
Department of Student Life

Grade Release Form

Yes, I, _____,
(Print Name)

Am interested in joining _____.
(Chapter Name)

I hereby authorize the Assistant Director for Greek Life Programs to examine my academic records to determine whether or not I meet the academic criterion as established by the Greek letter organizations for joining a fraternity/sorority. I understand that my high school or university GPA will be communicated to the individual chapters to determine my eligibility to join.

___ Yes, I agree to the above release of information.

___ No, I do not agree to the above release of information.

_____/_____/_____
(Signature) (Date)

(Print Name) (Student ID#)

FOR OFFICE USE ONLY:

Date Received _____ Date Checked _____
HS Name: _____ HS Grad Yr: _____ HS GPA _____
UA Cum GPA: _____ UA Credits In Progress: _____
UA Previous Sem. GPA: _____ UA Current Class Rank(i.e. FR) _____
Transfer College Name: _____ Transfer GPA _____



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