



### Authority to View a Student Record

I agree to have my academic records released to the President, Recruitment Chair, Advisor(s), and National

Headquarters of \_\_\_\_\_  
Organization Name

Name: \_\_\_\_\_  
(Print) Last First Middle Signature

MUID # \_\_\_\_\_ Date \_\_\_\_\_

Semester GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

\_\_\_\_\_  
University Representative Date



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