



Authority to View Student Records

I agree to have my academic records released to the President, Recruitment Chair, Governing Council Executives, Advisor(s), and Inter/National Headquarters of _____

Organization Name

Name: _____
(Print) Last First Middle Initial Signature

MUID # _____ I have an established College GPA: Yes ___ No ___ Date _____

Do not fill out any information below - for official Office of Fraternity & Sorority Life use only

Semester GPA _____ Cumulative GPA _____ H.S. GPA _____ This individual is (Approved) / (Denied) for membership.

University Representative

Date



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