

## **Authority to View Student Records**

I agree to have my acad	lemic records released to	the President, Re	cruitment Chai	r, Governir	ng Cou	ncil Executives, Advisor(s), and
Inter/National Headqua	arters of					
			Organization Nan	ne		
Name:						
(Print)	Last	First	Middle Initial			Signature
MUID #	I have	an established	College GPA	: Yes	No	_ Date
	Do not fill out any info	ormation below – for of	ficial Office of Frate	ernity & Soror	ity Life u	ise only
G (D)	Cumulative GPA H.S. GPA This individual is (Approved) / (Denied) for me					
Semester GPA	Cumulative GPA	H.S. GP	<b>A</b>	his individu	ual 1s (A	Approved) / (Denied) for membership
	University Representative				Date	
	University Representative				Date	
MARSHALL						
UNIVERSITY	Aut	hority to View	Student Reco	rds		
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Semester GPA	Cumulative GPA	H.S. GP	<b>A</b> T	This individu	ual is (A	Approved) / (Denied) for membership.
	University Representative					Date
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	arters of		Organization Nan	ne		
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	University Representative					Date