

Verified Aspirants Grade Release Form

Fraternity/Sorority & Chapter Name: _____

We hereby declare that on _____ (date submitted), the following individuals are aspirants for membership into our organization and will be duly initiated pending the decision of our regional/national representative(s) Additionally we certify following individuals' information is correct, and signatures are valid.

_____ _____ _____ _____
 Number of Candidates Signature Chapter President Signature of Intake Chair Signature of Advisor

Number	Aspirant's Name	Signature: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit MSU to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Fraternity & Sorority Life that I no longer wish to allow such information to be released.	MSU Net ID
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Advisor Signature _____

Date _____