

## Verified Aspirants Grade Release Form

Organization: \_\_\_\_\_

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

I hereby authorize Michigan State University to release the following information from my education records (Semester GPA, Cumulative GPA, Enrollment Status, Credit Hours Attempted, Credit Hours Completed) to the Office of Fraternity and Sorority Life, my fraternity/sorority, chapter president, standards/judicial officer, scholarship officer, chapter advisor(s) for the purpose of awards, recognition, chapter academic grade reports, and computing chapter academic averages.

I understand that I have the right not to consent to the release of my education records and I have the right to inspect and review such records upon request.

I understand this consent shall remain in effect until revoked by me, in writing, to the Office of Fraternity and Sorority Life at Michigan State University. However, any revocation shall not affect disclosures previously made by the Office of Fraternity and Sorority Life or Michigan State University prior to the receipt of any such written revocation.

First & Last Name	MSU ID Number	Signature
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\_\_\_\_\_  
Chapter President Signature

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Intake Chair Signature

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Chapter Advisor Signature