



Chapter _____

Grade Release Form
Due February 8th before 5 pm to Greek Affairs

By signing below, I authorize the disclosure of my semester and cumulative grade point averages to my chapter president, scholarship officer, chapter advisors, faculty advisor, (Inter)National Organization and the Greek Affairs staff so that awards, recognition and educational needs can be determined as long as I am affiliated with the chapter.

Printed Name of New Member/Neophyte	Signature of New Member/Neophyte	P Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
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20. _____	_____	_____

