



BOWLING GREEN STATE UNIVERSITY

Office of Residence Life/Greek Affairs

Chapter \_\_\_\_\_

**NEW MEMBER/NEOPHYTE GRADE RELEASE FORM**

**Due: September 29 before 5:00 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. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____